VS A15 (4) 15M 9/55 I

LADVIANT	CTATE	DEBARTAGE IT	OF THEATER	-BALTIMORE,	9.0
IAKTIANI	JNIAIR	DEPARTMENT	CIP HPALIH	-KALLIMETER	-1124
ALLIAN I MALLI AR	- CIPTIN	B.P. SANZILLIELAL	ALL THE PARTY OF	- DALLINIONE,	
	with d	the second of the second	A BI FF 1		

9623

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CERTIFICATE OF DEATH

09596

1. PLACE OF DEATH o. COUNTY Montgomes	·v	MARYLAND	2. USUAL RESIDENCE (W. o. STATE	b. COUNTY	ion: Residence before admission)
b. CITY OR TOWN (RURAL and give of Norbeck	If outside corporate limits, write earest town)	c. LENGTH OF STAY IN 15		outside carporate limits, write R	RURAL and give nearest town)
OR INSTITUTION	TAL (If not in hospital, give stree Nursing Home	I address)	d. STREET ADDRESS	Road .	o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First RICHA		ADAMS	4. DATE Mon	
5. SEX	6. COLOR OR RACE 7. MAI		B. DATE OF BIRTH	9. AGE (In years lost birthday) yrs.	Months Days Hours Min.
100: USUAL OCCUPATION during most of wor Labore:	ON (Give kind of work done 10th king life, even if retired)	. KIND OF BUSINESS OR IND	Mary land		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME George	Adams		14. MOTHER'S MAIDEN I		
15. WAS DECEASED EVE	R IN U. S. ARMED FORCES? [16 yes, give war or dates of service]	SOCIAL SECURITY NO. 17.	INFORMANT Malinda Dorse	y Spened	Wille, Mi.
Conditions, if a gave rise to a couse (a), stoling lying couse last. PART II. OTI	mmediate the under-	ortitie //	Spelan for The TERM	ohistinal disease condition GIV	2 7 7 7 7 7 YEN IN PART 1(0) 19. WAS AUTOPSY
PART II. OT	CAUSE OF DEATH I	SCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Port f or Port II of item 18.)	PERFORMED? YES NO
20c. TIME OF INJUI Hour a. p. m.	Y Month, Day, Year 20d. While		PLACE OF INJURY (Home, farm actory, street, affice bldg., etc	20f. (City or town)	(County) (Stote)
actual SIGNATURE	at I attended the deced	sed fram 7 1/ 5 7, and that deat		//	that I last saw the deceased and an the date stated abave.
220. BURIAL CREMATIC	9/18/57	22c. NAME OF CEMETERY (22d. LOCATION (City, town, colesville,	
23 FUNERAL DIRECTOR		ADDRESS Rockville, Me	SE 240 DATE		STRAR'S SIGNATURE

STARO SO STANKING OF DEATH Jan and the same and pattern tradition PLANA I AL CEUDED 70 110 110 900 ATEL AT THE DESIGN OF THE STATE A STATE OF THE PARTY OF THE PAR Serve de la company de la comp anenios mieras Article Payou! office Corecy Constitute, it. BUREAU K. R. SEP 20 1957 CHEST OF STREET A VAP A STATE OF THE PARTY OF T .th .difference (A) the second

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HOSPITAL

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2EP 23 1957

BUREAU V. S.

9624 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Montgome	ту	MARY	rland	2. USUAL RESIDENCE (WHO OF STATE DISTRICT	of C	olumbi	institutio DUNTY	in: Residen	ice before adr	nission)
Bethesda	(If outside corporate limi earest town)	ls, write	146 days	1	e. City or town (if o		orate limits,	12 00.	JRAL ond	give nearest to	own)
d. NAME OF HOSPI OR INSTITUTION The Clin	TAL (If not in hospitol, gical Center	, Be	thesda 14,	Md.	d. STREET ADDRESS 2134 New	port	Place	N.	W.	OI	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Norma Norma		Pacsha:		Anderson	4. DATE OF DEATH	· Se	Mon	mber	5,	Yeor 157
s. sex Male	6. COLOR OR RACE	7. MARE	NEVER MARRI		January 16,	1898	9. AGE (In lost, birt	hdoy)	Months	Doys Hou	-
Elevator			KIND OF BUSINESS C	OR INDUST	TRY 11. BIRTHPLACE (State Virginia		country)			S.A.	IAT COUNTRY
Abner And	erson				14. MOTHER'S MAIDEN N		on				46
NO DECEASED EVI	ER IN U. S. ARMED FOR (If yes, give wer or dotes of se	ervice)	SOCIAL SECURITY NO). 17. IN	FORMANT The Medi	ical	Record, Beth	Addr nesda		Maryl	and
	the under-)	ne for (g), (b), and (c). Brock C	hop	bnemnoi	nia	,		91		BETWEEN ND DEATH - Y d a
PART II. OT	Lyny	lios o	arcom	a	NOT RELATED TO THE TERMINAL CONTROLLER	pyll	long	she	etis	PER	AS AUTOPSY REFORMED?
-	RY Month, Day, Yes	20d. II While at wor	NJURY OCCURRED Not while k of work		CE OF INJURY (Home, form ory, street, affice bldg., etc.		ty or Jown)		{(Caunty)	(Stole)
ACTUAL SIGNATURE	ptember 5,	deceas _, 195	_		accurred of 10:32 The Clin	AM, fra ADDRESS (S	m the ca Street, city o Cente	uses of	nd an ti	he date st	
PHYSICIAN'S NAME (Type)	KURT W. K	OHN,	M. D.		Bethesd	- 1	Maryl	-	Hea	Tru	

n by the funeral director, nd 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or otherding physician.

O FUT I DIRECTOR: After this certificate has been signed by the ottending physician and campletely fill page 3-mould be detached for use as the burial-transit permit. Then please remove carbon papers. Page the registrar prior to burial, cremation, or removal, and in any event within 22 hours after death. TO FUI

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RYARD ROSTATIFICATE OF DEATH

STATE OF STA

2961 OT d3S

Eddinast Senior









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BUREAU V. L.

SEP 17 1957



1	6.	I t	em 18 Fi	1m 222 1M	AND S	are non elle		NT OF HEALT			18 096	500	. 2
ald be		_		9625							Reg. Dist. N	10. L	16
should		1.	PLACE OF DEATH					2. USUAL RESIDENCE	Where decease			efore adm	ission)
2 4	0		Montgo	merv		MARY	LAND	o. STATE Mary]	and	b. COUNT	Y Montgo	merv	
rio de	T. W.	1	ond give negreet tow	(If outside corporate limits, writ-	e RURAL	c. LENGTH OF STAY	N 16	c. CITY OR TOWN (I		parate limits, write	RURAL ond give	neorest To	wn)
. Po	K.		Betheso	ia				Bethesda	X2				
tor.	00	1	I. NAME OF HOSPI	ITAL OR INSTITUTION (If not in ho	pital, give street address	1)	d. STREET ADDRESS	/			e. IS R	ESIDENCE A FARM?
dire.	0.0	4	801 Nort	th Lane				4801 Nor	th La	ine			NO
2		3.	NAME OF DECEASED	Fir	rși i	Middle		Last	4. DATE	Mont	h Da	y	Year
5 . 6	ō		(Type or print)	MAMIE		TOTTEN	AU.		DEATH	Sept.	18,195	7 1	9
he f		5. 5			7. MARRI	ED NEVER MARRIED	□ B.	DATE OF BIRTH		9. AGE (In years fast birthday)	IF UNDER TYEA	-	ER 24 HRS.
if ed			Female	White	WIDOWE	48	-	ay 24,1883		74 ym.	Magths Days	Hours	Min.
2 et a		100	. USUAL OCCUPAT	ION (Give kind of work in a life, even if retired)	done 10b. I	CIND OF BUSINESS OR I	NDUST	11. BIRTHPLACE (State	or foreign o	country)	12. CITIZEN	OF WHAT	COUNTRYS
be ond	1		ousewife		-	wn Home		Kansas				US	
1, 2, may	(-)	13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
2 50 0			Unknown					Unknown					
		15. (Yes	WAS DECEASED E	VER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT		Addaha	O Glen	broc	k Rd.
File	0	N)		N	one	Ma:	rjorie A.	Donna		Bethes		
PAM3				ATH Enter only one cou	ise per line	for (a), {b), and (c).]					INT	ERVAL BETW	EEN AYH
n 18. rm PM			PART I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Defi	rred Coro	nar	y Insuffici	ency				
in Her with fo			420.	/ DUE TO					*			100	
Fre strain			Conditions, if			Myoc	ard	ial hypertr	ophy				
enci			gave rise to imme (o), stating the			•							
000			cause lost.) (c)	L								
Fig. 8	^	S S	PART II. OT	HER SIGNIFICANT CON	DITIONS CO	ENTRIBUTING TO DEATH	BUTN	OT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	'EN IN PART 1(a)	19. WAS	AUTOPSY RMED?
sed used	L	CATION	Found	dead sit								YES K	NO 🗌
pen be u		CERTIF	20g. EXTERNAL CAPRIMARY OF CO CAUSE OF DEATH	USE WAS	b. DESCRIBE	HOW INJURY OCCUR	RED. (Er	iter nature of injury in Par	rt I or Port II	of item 1B.)		1	3 1 7
PER		1											
Sha sha		MEDICAL	Hour g. m.		20d. I While		e. PLAC	E OF INJURY (Home, farm ry, street, affice bldg., etc.	n, 20%. (City	or town)	(County)		(Stote)
the dica		ME	p. m.			rk at work							
A Pog			21. I certify t	hat I taak charge	af the r	emains described	abay	e, held an Autaps	y Z. Ir	spection .	Inquiry [, and	find that
wri bief OR:			death resulted	d fram: Natural	causes [, Accident ,	Suic	ide 🔲, Hamicide	e □, Ur	ndetermined o	ause [].		
e C			1	2 0								- 1	
o th	1	1	ACTUAL SIGNATURE	nanh)	. 15	wortow	F	M.D. CHIEF MEDICAL EX	XAMINER [DATE	IGNED
AL	vot.		EXAMINER'S					ASSISTANT MEDIC	AL EXAMINE	R 🔲			
P. C.	E		NAME (Type)					DEPUTY MEDICAL	EXAMINER #	3			
fa F	P Te	220	BURIAL CREMATI	ON, 22b. DATE THEREO		22c. NAME OF CEMETE		CREMATORY		TION (City, town,		(Stat	e)
940	0	BI	REMOVAL (Specify	" Sept.20	, 57	Ft. Linco	oln		Princ	e Georg	ge Co.,	Md.	
S. A15ME	S)		FUNERAL DIRECTO		1 10	ADDRESS		240. REC'	D BY REGIST	RAR 24b. REGIS	TRAR'S SIGNATU	RE	
SM 9/55	A	1	Robert A	. Pumphre	N-Re	thesda, Md	•	DATE	-19-5	-7 / De	sair M.	thor	upisos
										-			7

BUREAU V. S. BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. S.

SEP. 16 1957

BECEIVEL

ADDRESS

Silver

244 RECO BY REGISTRAR

DATE

24b. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/55

within 24 hours

BUREAU Y. S.

DECENTED.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09603

246 REGISTRAR'S SIGNATURE

24a. REC'D BY REGISTRAR

		962	7	CERTIF	CA	TE OF DEATH	1	f	leg. Dist.	No. 218
1.	PLACE OF DEATH o. COUNTY	onte		MARYLAI	11	2. USUAL RESIDENCE (Who state Maryl	-	d lived If institution b. COUNTY	3.6	before admission) On to
	b. CITY OR TOWN (I RURAL and give no	f outside Corporate limi	is, write	c. LENGTH OF STAY IN	1Ь	c. CITY OR TOWN (IF ou		rote limils, write RUR	AL and give	negrast town)
-		AL (If not in hospitol, c	uva straat o	8yrs	-	d. STREET ADDRESS	urg	ya		. IS RESIDENCE
	OR INSTITUTION	Asbury N		· ·		G. SIRELI ADDRESS		/		ON A FARM? YES NO N
3.	NAME OF DECEASED [Type or print]	-01.15F	u G	Middle Middle	<i>F</i>	VRC5	4. DATE OF DEATH	SEPTem 1	101 :	Day Year 2/ 19.5~7
5	SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	1	DATE OF BIRTH		A CONTRACTOR OF THE PARTY OF TH	UNDER TY	
	Female	White	WIDOWE	D DIVORCED	ם כ	Mar 15-187	3		Aonths Do	ys Haurs Min.
100	USUAL OCCUPATION	ON (Give kind of work	done 10b. I	KIND OF BUSINESS OR I	NDUST	RY 11 BIRTHPLACE (Slove of	or foreign c	ountry)	12. CITIZEI	N OF WHAT COUNTRY
	School	Peacher.	'Reti	red,		Washingt	on, D.	. C .		USA
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N				
	Aldo	ph Knabe				Elizabet	h Cl	aristman		
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INI	ORMANT		Address		
L						Asbury Met	hodi:	st Home	Recor	ds.As 1D
		ATH [Enler anly one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	0.0		1	YEART FA	11/2	12 E	C	INTERVAL BETWEEN ONSET AND DEATH
	434.1	DUE TO	_		result	a ,				
	Conditions, if a		PA	cumon.	1/1	Ś				
	gove rise to i			/	7	10.71	7	,		
_	lying couse lost.) (c	1 //	relina	10	IN ARIAR	1/13	· ·		
CATION	PART II. OTI	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH	BUTN	OT RELATED TO THE TERMIN	NAL DISEAS	E COND TION GIVEN	I IN PART 1(c	PERFORMED?
MEDICAL CERTIFICATION	200. ACCIDENT W/ OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	TRIBE HOW INJURY OCCI	URRED	(Enter nature of injury in P	ort tar Par	t II of item 18)	-	
MEDICAL	20c TIME OF INJUR Hour o. m. p. m	Y Month, Day, Ye	While	IJURY OCCURRED 20 Not while of work	e PLAC focto	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f (City	or town)	(Cour	nty) (Stale)
	21. I certify th	at I attended the	decease	ed from /-4		19.5%, to	7-1	1 1957	that I las	t saw the deceased
	alive an 9	1-18'	. 19 -	Z, and that de	eath (occurred at 16.451	M. Fran	n the causes an	d an the	date stated above
	0	1	A11	,				treet, city or town, sto		DATE SIGNED
	ACTUAL SIGNATURE	out E	ESH L	m-	м	0. 4268 AN	Than	y STRO	MING	162 mg -21 ~
	PHYSICIAN'S NAME (Type)	Sarah E	Glev	'er			· · · · · · · · · · · · · · · · · · ·			
22	O BURIAL, CREMATIC	9-24-5		Prospec			22d LOCA	TION (City, town, at	county)	D. C, (Stote)
	BELIST	9-24-0		LTASMAC	o U	alle alle alle	11,527.52 [aington.		De U,

Gaithersburg. Md.

23 FUNERAL DIRECTOR'S SIGNATURE

Ermest C. Gartmer.

BUREAU V. S.

SEP 26 1957

BECEINED

VS A15 [4] 15M 9/55

		MARY	LAND	STATE DEPAR	RTM	ENT OF HEALTH	I-BAL	TIMORE, 1	8	09	604
	n.	96	28	CERTIF	IC/	ATE OF DEATH	1		Reg. Di	st. No.	217
	PLACE OF DEATH O. COUNTY MO	ntgomery	+	MARYL	AND	2 USUAL RESIDENCE (WHO STATE Maryland	ere deceases	hved. If institute b. COUNTY			mission)
Г	RURAL and give ne		ils, write	c. LENGTH OF STAY II	и 1Ь	c. CITY OR TOWN (IF a	utside carpo	rate limits, write R	URAL and	give nearest t	awn)
ŀ.	d. NAME OF HOSPIT	Ney AL (If not in hospitol,)	aive street	oddress)		Wheaton				10.15	RESIDENCE
140	OR INSTITUTION	Co. Gen		Hospital		11209	Upt	on Driv	e	0	N A FARM?
3	NAME OF DECEASED (Type or print)	Paul	rst	Middle P.		Baker	4. DATE OF DEATH	Septe		10	Year 19 57
5.	SEX A	6. COLOR OR RACE White	7. MARI	ED DIVORCED		8. DATE OF BIRTH		9 AGE (In years lost birthday)	IF UNDER	1 YEAR IF U	NDER 24 HRS
100	Male USUAL OCCUPATION					-/ -/	or foreign co	D7 yrs.	12. CII	IZEN OF WI	HAT COUNTRY
L	Station	ing life, even if retired Agent)	B&O Railr	oad	TRY 13. BIRTHPLACE (State Vil	gini	8		USA	TAT COUNTRY
13.	FATHER'S NAME	73. 1				14 MOTHER'S MAIDEN N		OL 4.1			
15	Benjamin	L BAKET	ceca lu	SOCIAL SECURITY NO	127 0	NFORMANT	lary	Catheri		lalze	
		If yes, give wor or date: of	[energy	5-12-2981	17. 11	Hospita	al Re	-	E35		
F		TH [Enter only one co	ouse per li	ne for (o), (b), and (c).]						INTERVAL	L BETWEEN
	PART I, DEA	TH WAS CAUSED BY:	1	cents ecc	245	added in	fore	tion		ONSET 2	ND DEATH
	4201	DUE TO		0		J					
	Conditions, if as		·}								
	cause (a), stating to	the under-									
Z		IER SIGNIFICANT CON		CONTRIBUTING TO DEAT	TH BUT	NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(a) 19. W	AS AUTOPSY
13											RFORMED?
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRE). (Enter nature of injury in f	Part I or Pari	I II of item 18.)			
MEDICAL	20c. TIME OF INJUR' Hour a. ft. p. m.	Y Month, Day, Ye	ar 20d. (While at wor	Not while	20e. PL/ for	ACE OF INJURY (Home, farm tory, street, office bldg., etc.	20f. (City	or town)	(4	County)	(State)
	27. I certify th	at I attended the	deceas		ď	, 195 7, to		19.17			
	alive on7/	<u>/১</u>	, 125	2_{-} , and that ϵ	death	occurred at 9:25/				he date st	
	ACTUAL	5	- 1	1		Sugar.	AUDRESS (SI	treet, city or town,	state)	0 0	DATE SIGNE
	PHYSICIAN'S		1	-		M.D.	30	1 g	- Ma		119-1-1-1
	NAME (Type)	1.11.100		CHHT		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
22	REMOVAL (Specify) Burial	9/12/3	57	Mt. Hebi		Cemetery		non (City, fown, o			State)
23	FUNERAL DIRECTOR		rece.	Silver S	Spr	ing, Md 5	D BY RECIS		STRAR'S SIG		Pi
			-			Larvey #			nnu	Marin.	envir

BUREAU

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MARYLAND S	TATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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9629	CERTIFIC	ATE OF DEATH	1	Reg. Dist.	. No 1
1. PLACE OF DEATH D. COUNTY Ont TO. 327	MARYLAND	2. USUAL RESIDENCE (Wh	era deceased lived If instituti b. COUNTY		before admission)
b. CITY OR TOWN (If outside opporate limits, write RURAL and give nearest form)	LENGTH OF STAY IN 16	C. CITY OR TOWN (II o	on D.C.	URAL and giv	re nearest town)
d. NAME OF HOSPITAL (If not in hospital give street odds or INSTITUTION Gardens Turs		d STREET ADDRESS 1288 Michi	Jan Ave. II.	5.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Colly (Inalli		Banania S	4. DATE Mor OF DEATH SOP		Doy Year Oth 19 57
5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED	DIVORCED [B. DATE OF BIRTH	9. AGE (In years fost birthday) 79 yrs.		YEAR IF UNDER 24 HRS. lays Hours Min.
00. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Housowife	D OF BUSINESS OR INDU	II.Y.			EN OF WHAT COUNTRY A_{\bullet}
13. FATHER'S NAME SPS Wm.H .H. Clague			tthews		
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no, or unknown) (If yes, give wor or dates of service)		informant .chard Clagu	o Wash. D	ngn C.	Ave. M.E.
18. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (o)]		ulur accident			INTERVAL BETWEEN ONSET AND DEATH
gove rise to immediate (b) couse (a), stating the under.	rtonsion				10 yrs
Iying couse lost. (c)	TRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART I	(o) 19 WAS AUTOPSY PERFORMED? YES NO
	E HOW INJURY OCCURR	ED. (Enter nature of injury in P	ort I or Port II of ilem 18.)		
20c. TIME OF INJURY Month, Day, Year 20d. INJUI Hour o. 11. While at work	Not whilefd	IACE OF INJURY (Home, farm, ratory, street, office bldg., etc.	20f. (City or town)	(Cou	uniy) (Slote)
21. I certify that I attended the deceased alive on		19 ¹⁰ , to 8	. 5.20 1977 		st saw the deceases
ACTUAL SIGNATURE CUEDLUS 2.	/ Tudu	•	ADDRESS (Street, city or town,	stote)	DATE SIGNE
PHYSICIAN'S Andrew T. Wk. i					
REMOVAL (Specify) Purial 9=23=57	COLOMA C LIGIT		22d. LOCATION (City, town, or Potomac 31		(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE January 3831	ADDRESS . Ga. Ave.	IN .E . SATE D	BY REGISTRAR 24. REGIS	TRAR'S SIGN	ATURE

BUREAU K.

SEP 27 1957

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1	•	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09606 • 9595 CERTIFICATE OF DEATH	- 7
2.5		Reg. Dist. No.	2-5
directo led wil		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission o. STATE b. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission o. STATE 5. // Yet Service Mary (a.e.))
erol be fi		b. CITY OR TOWN (If Sutside corporate limits, write c. LENGTH OF STAY IN 1b c CITY OR TOWN (If Sutside corporate limits, write RURAL and give nearest lown)	
the fun should	10 1	Taken Ant mary land Bloc 30 min Silver Spring mod	
7.4 を発 []	1 1.	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OR INSTITUTION OR OF A SAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ON A FA YES D N YES D N	LRM?
200	4	3. NAME OF DECEASED Sinstarium + Hospital Blost 4. DATE Month Day Yea	
		(Type or print) Charles Convad Botton DEATH September / 19	_ ~
Pog Pog		5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (n years) IF UNDER 1 YEAR IF UNDER 2	24 HRS
completely papers. Po sath.		male Lawcusian WIDOWED DIVORCED 7-25-04 52 yas	
	1	during most of working life, even if relired	DUNIRY?
ិ គឺ ទី	/	13. FATHER'S MAME 14. MOTHER'S MAIDEN NAME	
physician move car hours aft		Lewis Bates Ada NoT Known	
physic smove hours		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address [Yes. no. or unknown] [If yes, give wor or dates of service)	
ding ise ra	ಂ	No 578-01-4659 Fatients Chart	
atten Plec Withi		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: Pulsuanam edems - Lor unit (EATH
the o		570,5 DUE TO	
ار ار ا		Conditions, if ony, which) (b) a los truction of small intestine	
an. sit perm nd in o		gave rise to immediate couse (a), stating the under- lying couse last. Out TO (c) Paritonial a Milrours	
physical tas beer toll-tran taval, a	.2.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS ALTER TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS ALTER TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS ALTER TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS ALTER TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS ALTER TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS ALTER TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS ALTER TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS ALTER TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS ALTER TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS ALTER TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS ALTER TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS ALTER TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS ALTER TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS ALTER TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS ALTER TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS ALTER TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS ALTER TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS ALTER TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS ALTER TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS ALTER TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS ALTER TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS ALTER TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS ALTER TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS ALTER TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS ALTER TO THE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS ALTER TO THE TO THE TO THE TERMINAL DISEASE CONDITION GIVEN IN THE TERMINAL DISEASE CONDITION GIVEN	ED?
ficate fithe burner		200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)	
bis cert bis cert use os emotion		20c. TIME OF INJURY Month. Day. Year 20d INJURY OCCURRED While Not while of work of work of work.	(State)
Applied for the for		21. 1 certify that I attended the deceased from Class 3 , 1957, to List 1, 1957, that I last saw the de	ceased
R: Al Oche burio		alive an steam, 1957, and that death accurred at 8 45 A.M., from the causes and an the date stated	abave.
RECTO be def	,	ACTUAL SIGNATURE CELECO TECAS M.D. 9/8' Cleribers Fy Black Sast	SIGNED
should stror p	-	PHYSICIAN'S EINE MAGI Silver fpring Mayia	ud
Se Se		220 BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATON (City, lown, or county) (Stote) CREMATION 9/4/57 Cedar Hill Crematory Prince George Country Md	
€ O G ÷	8	CREMATION 9/4/57 Cedar Hill Crematory Prince George County, Md	
'S A13 (4) 5M 9/55		Marilly E Punyshrey 84J4 In ane Michare 9/3/57 It Helson No	Sal

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		9630	CERTIFICA	ATE OF DEATH	- Rea	Dist. No. 2/6
-	1. [PLACE OF DEATH COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (WHO STATE PI TYLAND	ere deceased lived. Il institution: Res	idence helare admission)
		b. CITY OR TOWN (II autside corporate limits, write RURAL and give nearest tawn) 吊ったれること。	6. LENGTH OF STAY IN 16	anckville	ulside carparate limits, write RURAL a	nd give nearest town)
74		d NAME OF HOSPITAL (If not in hospital, give stre OR INSTITUTION TIDELET IN MOSPITAL	et address)	521 Pe 11 :	ve.	* IS RESIDENCE ON A FARM? YES NO .
		NAME OF First DECEASED (Type or print)	Middle W shington	Donner	4. DATE Manth OF DEATH CTT.	Day Year 5 1955
	5. 1		ARRIED NEVER MARRIED DIVORCED DIVORCED	B DATE OF BIRTH	9. AGE (In years IF UN Mont	DER I YEAR IF UNDER 24 HR: hs Days Hours Min.
1	100	USUAL OCCUPATION (Give kind at wark dane to during most of warking life, even if retired)	Ob. KIND OF BUSINESS OR INDU	TRY 11. BIRTHPLACE (State	ar fareign country) 12.	'meric
1 >	13.	father's name U-Known		14, MOTHER'S MAIDEN N	IAME	
3]Ś. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? L. no. or unknown) [If yes, give wor or dates of services]	3. SOCIAL SECURITY NO 17. I	George Reamer	Address 521 Teall .	/d ve. lockville
		18 CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 332 X DUE TO	chine for (a), (b), and (c)] Cerebral Car	refrie		INTERVAL BETWEEN
		Canditions, if any, which gave rise to immediate cause (a), stating the under-	Cerebral The	Acroseli	rois	July.
~	CATION	PART II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE CONDITION GIVEN IN	PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO 1
	CERTIFI	200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE) (Enter nature al injury in (Part t or Part (Laf stem 18.)	
	MEDICAL	Haur a.m. Wh		ACE OF INJURY (Hame, farm clary, street, affice bldg., etc	20f. (City or lawn)	(Caunty) (State
		21. I certify that I attended the dece	, he had a second of	6 , 1957 , to occurred at 1/304	9 / 5/ , 195 / , that My from the causes and a	t I last saw the deceas
		ACTUAL SIGNATURE A SOCIAL A	Jane		ADDRESS (Street, city or town, state)	DATE SIGN
/		PHYSICIAN'S STephen	N. Jones	*****	the set thinks to set the set the set of the	'//
	220	BURDIAL 9-9-19	57 CEDAR	R CREMATORY 14144	22d. LOCATION (City, town or county)	ty) (State)
	23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240 REC"	D BY REGISTRAR 245 BEGISTRAR'S	SIGNATURE //

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DECEDATE

3 /1	Ī	MARYLAND STATE DEPARTM	LENT OF HEALTH—BALTIMORE, 18 0960	8
V	2	Thom 8, 6,221 10/19/631 CERTIFICA	ATE OF DEATH Reg. Dist. No.	214
director lied wit	1.	PLACE OF DEATH O. COUNTY MOTEOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before adm a. STATE NOW YORK	nission}
death:		b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Silver Spring	c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest to New York	iwn)
by the fun		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION airland Rest Home		RESIDENCE I A FARM?
2 hau	3.	NAME OF DECEASED (Type or print) John Chantiles	Belasce JEATH Sept. 30	Yeor 19 57
within letely fi			8. DATE OF BIRTH Feb. 12 9. AGE (in years IF UNDER 1 YEAR IF UN 1/30/1903 Hour loss birthdoy) Months Doys Hour	NDER 24 HRS
nd comp n paper death.	10 B	ausual Occupation (Give kind of work done 10b KIND OF BUSINESS OR INDUITED ANK Clerk-Franklin 7th Bank, N.Y.		
ate lle carbon		Nicholas Chamtiles	Tasia Sioris	
mertific ng physi r remov 72 haur		fes, no or unknown) (If yes, give war or dates of service)	hilip Chantiles-5422 lst Pl.N.W.	ton,D.
that the death by the attendia 1. Then please y event within		18 CAUSE OF DEATH [Enter only one couse per lass for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE TO	heart failure interval onset an	BETWEEN ND DEATH
requires than an signed b		Conditions, if any, which gove rise to immediate costs (a), storing the underly lying couse tast. (b) DUE TO (c) Conscience of the cost of the cos	2 of lung 60	year
physici physici nos bee riol-tran	CATION		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WA	S AUTOPSY FORMED?
HAN: T fending ficate by the bu	L CERTIFI		D. (Enter nature of injury in Part II or Part II of item 18.)	
PRYSIC ol ar at this cert r use as ematian	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED to thour o. m. 19 of work of work 20e. Pl	ACE OF INJURY (Home, form, 20f. (City or town) (County) ictory, street, office bldg , etc.)	(Stote)
IFFENDING by the haspin STOR: After detached for to burial, cr		alive an 1957, and that Geath		
AL GR.		PHYSICIAN'S SAMUE MY Saground	MO 5600 N.H. / Sue, 9/,	30/57
SILTA	22	NAME (Type) CHICAGO STATE THEREOF 22C. NAME OF CEMETERY C	OR CREMATORY 22d LOCATION (City, town, or county) (SI	lote)
TO IIO moy TO FUN poge the re	23	Burial 10/3/57 Ft. Lincol D. Funeral Director's SIGNATURE ADDRESS Washi	n Prince Georges Co. ngton, DG4a. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE	Md.
V\$ A15 (4) 15M 9/55		The S.H. Hines Co. 2901 Lith St	N.W. DART 1 1957 Francisco	atter

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18							
* ef 61		9635 CERTIFICATE OF DEATH Reg. Dist. No. 2/8							
Page directo	1	PLACE OF DEATH o. COUNTY Montgomery MARYLAND 2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) b. COUNTY Baltimore							
r death funeral		b. CITY OR TOWN (If outside corporate limits, write RURAL and give rearest town) RURAL and give nearest lown) Gaithersburg 7 yrs. 1 mo. Baltimore							
by the		d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Asbury Methodist Home for the Aged d. STREET ADDRESS ON A FARM? YES \(\sum NO \(\sum \)							
s 24 have	3	NAME OF DECEASED (Type or print)							
d withir	5	SEX Female 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE [Id years less bythday] WIDOWED DIVORCED Dec. 1, 1867 9. AGE [Id years less bythday] Months Days Hours Min							
execute nd comp n paper death.	آ /	Oe. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) Teacher 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fareign country) Baltimore, Md. 12. CITIZEN OF WHAT COUNTRY U. S. A.							
ate be ician ar e corbo	Ī	John L. Blades 14. Mother's maiden name Lizabeth F. Gayle							
ng phys remov 72 hour		15 WAS DECEASEDEVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address no or unknown) (If yes, give wor or doles of service) none Asbury Methodist Home, Gaithersburg, Md.							
e death ottendi n pleas r within	Ī	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) PROPERTY ONSET AND DEATH							
Hat the the the the the the the the the th	1	Conditions, if any, which) by Karlesmarker Currier Chip							
on. signed is perm		gave rise to immediate cause (a), stating the under- lying cause last. DUE TO							
physicie os beer iol-fran	,	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO N							
ending ficote h the bur	12.64.0								
PHYSIC al or all his cert use as emotion	10000	Co. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of two wo							
HOING After hospitched for miol, cre		21. I certify that I attended the deceased from 2 -/ , 1926, to 4 - 9 , 1922, that I last saw the decease alive on 9 - 4 , 1957, and that death occurred at 1. 1928 M, from the causes and on the date stated above							
A ATTEN J by the ECTOR: Se defor or to bu		ADDRESS (Street, city or town, state) DATE SIGNATURE SALVAN & Llarum MD 426 & An Thurward MD 426 An Thurward							
retained DIR		PHYSICIAN'S Sarah E. Glover							
HOSPI moy be FUN FUN he regis	2	220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) BURIAL (Specify) Sept. 11.1957 Baltimore Cemetery Baltimore Maryland							
MI A15 (4) 15M 9/55		Henry Sander & Sons Inc. Baltimore Md. DATE D 1 1 40 Ch 120 A CONTROL OF CONT							
	=	Sut Bandle OLI II 1954							

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		9636	CERTIFICA	ATE OF DEATH	1	(196 Reg. Dist. No. 2	13			
4		PLACE OF DEATH o. COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY WARYLAND Virginia b. COUNTY								
	b. CITY OR TOWN (I RURAL and give in Bethesda (R		16 days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) North Arlington						
,	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION U.S. Naval Hospital, Bethesda, Md.			d STREET ADDRESS 3134 18th St., North			RESIDENCE N A FARM? NO 24			
	3 NAME OF DECEASED (Type or print)	first Dor a	Middle Tappy	BLANKENSHIP	4. DATE Mont	. "/(1)	Yeor 57			
	5. sex Female		WED DIVORCED DIVORCED	B DATE OF BIRTH 19 August 190	9. AGE (In years Jest birthday)	Months Doys Ho				
1	100. USUAL OCCUPATION during most of work Housewife		None	Virginia	or fareign country)	12. CITIZEN OF WI	HAT COUNTRY?			
	13 FATHER'S NAME Charles TAF	PY		Mary LOHR	AME					
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO (170 No. or unbrown) (17 yet. gree wor or date of territor) Unknown (Husband) Thomas P. BLANKENSHIP (Same As #2)									
	18. CAUSE OF DEATH [Enter only one couse per line for [o]. (b). and [c] PART I. DEATH WAS CAUSE 09 COD U AR PREUMONIA, Th. UNG PART I. DEATH WAS CAUSE 09 COD U AR PREUMONIA, Th. UNG Conditions, if only, which gave rise to immediate couse (o), storing the under-lying cause last (c) CAN CURRENT OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (o) 19 WAS PER 10. ACCIDENT WAS UNDERLYING PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (o) 19 WAS PER 10. ACCIDENT WAS UNDERLYING 20. ACCIDENT WAS UNDERLYING CAUSE OF DEATH PROVIDED HOW WHITE OCCURRED WAS ARREST VEHICLE REAL RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (o) 19 WAS PER 10 (F) EITHER NOTIFY MEDICAL EXAMINER) 20. TIME OF INJURY Month, Doy. Year 20d. INJURY OCCURRED Work Of work									
	REMOVAL (Specify) Burial	19-1-57	Arlington Nat		22d LOCATION (City, lown, o		Stote)			
	23. FUNERAL DIRECTOR IVes Funera	01/3/1/2	apporess/		BY REGISTRAR 245 REGIS	TRAR'S SIGNATURE	eneli			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9595 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) Poge e. COUNTY rector. Page it your files. ind of Health, O STATE **6 COUNTY** Montgomery Maryland MARYLAND b CITY OR TOWN (If outside corporate I min, write BURAS c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park Takoma Park d. NAME OF HOSPITAL OR INSTITUTION (finat in hospital, give street address) Id STREET ADDRESS XXXXI aple Ave. Maple Ave. 3. NAME OF First Middle DATE Month DECEASED Max Braver Sept 25, 1957 (Type or print) DEATH 9 AGE (In years 5 SEX 6 COLOR OR RACE 7 MARRIED 17 NEVER MARRIED 1 B. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HES Months male white WIDOWED [DIVORCED T 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working I fe, even if retired) retired hat maker Austria recuted within 24 hours offer I in Item 18. Give Pages 1, see along with form PM3. Rransit permit. File pages 1 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. Address (If yes, give wor or dates of service) Carrie Braver (wife) Same as Item 2 18 6344 18 CAUSE OF DEATH | Enter only one couse per line for (a), (b), and (c). FART I, DEATH WAS CAUSED BY: Asphyxia IMMEDIATE CAUSE (0) s Office DUÉ TO hanging Conditions, if ony, which gove rise to immediate couse DUE TO (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(0) 19, WAS AUTOPSY 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part t or Fort II of Item 18.) 20g. EXTERNAL CAUSE WAS PRIMARY () or CONTRIBUTING () Hung self by neck in bath room of his home CAUSE OF DEATH. 20d INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 120f (City or lown) 20c. TIME OF INJURY Month Doy, Year factory, street, office bldg., etc.) Not while of work of work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . opinian death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner RECTOR ACTUAL CHIEF MEDICAL EXAMINER [7] SIGNATURE 8 ASSISTANT MEDICAL EXAMINER /Broschart **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220. BUR AL CREMATION 226, DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) Prince Geerge County, Md. Lincoln Cemetery O Sept ADDRESS S GNATURE 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

Rea. Dist. No.

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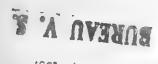
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4 24			964	0	CERTIFIC	ATE OF DEA	ATH	Reg	, Dist. No.	217
Page director	1,	PLACE OF DEATH COUNTY	Montgomer	У	MARYLAND	2. USUAL RESIDENCE	Where deceased lived	. If institution Re	ntgomor	nission)
death.		RURAL and give	(If outside corporate limits, nearest town) Diney		4 days		(If outside corporate la		and give rearest t	own)
by the		d. NAME OF HOSP OR INSTITUTION 11 to OME 11	TAL (If not in hospital, giv V Co. Gene:	re street oddress) ral Hos	pital	f. STREET ADDRES	ss Bradley E	lvd.		RESIDENCE NA FARMO NO (1)
an 24 ha		NAME OF DECEASED (Type or print)	Thelma	Fl	Middle Ora	Brouse	4. DATE OF DEATH	Septe	ember 1	Year 57
d within	5.	Female		MARRIED A	DIVORCED	B. DATE OF BIRTH 4/23/00	9. AC	E (In years IF Ut birthdoy) Mon	ths Days Hay	
and components of page of the components of the	VI.	antial most of wo	ION (Give kind of work do rking life, even if retired)	one 10b. KIND OF	BUSINESS OR INDU	STRY 11 BIRTHPLACE (S	State or fareign country)	12	USA	IAT COUNTRY?
carbon and carbon offer-	13.	FATHER'S NAME		770 G		14. MOTHER'S MAID	en name Ada Harri	q		
certifica ng physic remove 72 havrs	1 S {Ye	WAS DECEASED EV	ER IN U. S. ARMED FORCE (If you give wor or dotes of son	ES? 16. SOCIAL S	SECURITY NO. 17.	NFORMANT Hospital		Address		
te faw requires that the death physician. as been signed by the attendi ial-transt permit. Then pleas avait, and in any event within	FICATION	Conditions, if gave rise to cause (a), stoting lying cause last	immediate DUE TO	mile Poch	ens-	Jenner Franke	el. - right ERMINAL DISEASE CON	AJ AS	ONSET AI	BETWEEN ND DEATH SAUTOPSY FORMED? NO 27
rending front the burner or rem	CERT		Y MEDICAL EXAMINER)	Irll	Froclu	D. (Enter nature of injur	y in Port 1 of Port II of	item 18.)		
PHYSIC tal or at this cert or use as rematian	MEDICAL	20c. TIME OF INJU Hour o. st. p. m.	RY Month, Day, Year		السفي fo	ACE OF INJURY (Home, ctory, street, office blog	form, 20f. (Cyfy or ton	" m	(County)	(Store)
TIAL OR ATTENDING ctained by the haspi AL DIRECTOR: After should be detached fa stror prior to buriol, c		21. I certify to alive on	J. W. Bi	rd, M.	, and that deat	M.D. Sand	QAM, from the ADDRESS (Smell of	ity or town, state)		de deceased obted above. DATE SIGNED
ASOH OL VS A15 (4)	22. 23.	FUNERAL DIRECTO	7 9-3-5	7/1	EMESS 18/2	iton	1020	City, town, or cour Egyl C To 24b. RECISTRAR	25 (1	Eawler

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09621**CERTIFICATE OF DEATH** Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) . county Montgom b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town ethics a d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE A INSTITUTION ON A FARM? YES NO NAME OF Middle Year DECEASED OF DEATH (Type or print) 195 9. AGE (In years last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Menths 5 WIDOWED [100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS during most of working life, even if retired) A. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY HOLDEC 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ashington 16 D. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) ronchie/ 420,0 **DUE TO** Arterio Sclerotic Heart Disease. Conditions, if any, which ! gove rise to immediate DUE TO couse (e), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS PERFORMED? beral-Arterio Scherosis - = Brain saftining YES ZINO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stole) factory, street, office bldg., etc.) Hour e. /L While Not while of work of work p. m. 8 Sept 21. I certify that I attended the deceased from. . 19.6 7 that I last saw the deceased and that death accurred at 4:43 AM, from the causes and on the date stated above, ACTUAL SIGNATURE PHYSICIAN'S John G. Ball NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) BELLOVAU (Specify) 9/10/57 Cedar Hill Suitland, Md. 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE Robert A. Pumphrey-Bethesda, Md.

MINISEAU V. S.

SEP II 1727

DECENCED

096229643 **CERTIFICATE OF DEATH** Reg. Dist. No. 2.1 PAPLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) L. COUNTYNTGONE Y COUNTY MARYLAND MONTGOMERS b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town] 1chr/ somin. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS n. IS RESIDENCE OR INSTITUTION ON A FARM? Prkwood . TIVE SUBURBAN HC. YES NO . NAME OF First Middle 4. DATE Month Yeor DECEASED 19 57 GABRIET A (Type or print) CALD PLL DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years 8 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days THITE WIDOWED TO FILM : LE DIVORCED | PRIL 2.1890 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY (11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired! SECPETARY U.S. RETTRED MISSISSIPPI carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LILLIE BELL P.W.ELLTS move 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address NO MRS.M PTHA BROACH 9303 PaRK 'OOD 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) 0 1 - 0.0 DUE TO Conditions, if any, which gove rise to immediate in **DUE TO** couse (a), stoting the underlying couse lost. PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO [206. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) 20c. TIME OF INJURY Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stole) factory, street, office bldg., etc.) 0. /1. While Not while of work of work p. m. 21. I certify that I attended the deceased from Zthat I last saw the deceased and that death occurred at 4:40 alive on A.M. from the causes and on the date stated above ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL 2 3 3 PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county) (Stote) page 5 REMOVAL (Specify) ransi Cemetery Calumbus 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Pumphrey DATE / / Manuland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

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VS A15 (4) 15M 9/55

MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE, 1								
9645	CERTIFICATE OF DEATH								
mery	MARYLAND	2 USUAL RESIDENCE (Where deceased liveral STATE Maryland	b. COUNTY Ba						
porote limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate	limits, write RURA						
	124 days	Baltimore	21/-1						
hospital, give street	oddress}	d. STREET ADDRESS							
	2 21 262	3 3 7 0 7 7 7 1 1 1							

8 09624 Reg. Dist. No 2/6

ı	1 PLACE OF DEATH					2 USUAL RESIDENCE (Where decease	d lived If institute b, COUNTY		before admission)		
		ontgomery		MARYL	AND	Maryland		0. 2001411	Baltim	ore		
1	b. CITY OR TOWN (IF RURAL and give new	N 1P	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
4	Bethesda	5	Baltimore 2 Y - 1 4									
	d NAME OF HOSPITA		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?					
-		al Center,	Beth	esda 14, M	d.	1370 Walk	er Aver	nue		YES NO ZIX		
	3. NAME OF DECEASED	Fir	12	Middle		Last	4. DATE	Mon	th	Day Year		
	(Type or print)				Cole		DEATH	Septe	mber	21, 19 57		
	5. SEX 6. COLOR OR RACE 7. MARRIED			EDENEVER MARRIEL		DATE OF BIRTH		9. AGE (n years lost birthday)	IF UNDER 1			
1	Male	White	WIDOWE	DIVORCED	DIVORCED April 14, 1926 31 yrs. Months				Months [Poys Hours Min.		
	10a. USUAL OCCUPATIO	N (Give kind of work in no life, even if ratired	dane 10b. I	CIND OF BUSINESS OR	INDUS	TRY 11 BIRTHPLACE (Sto	le or fareign (tountry)	12. CITI2	EN OF WHAT COUNTRY?		
1	Laborer	ng me, even n temes	Tr	affic Engi	neer	ing Mary	land		U	. S. A.		
/	13 FATHER'S NAME					14 MOTHER'S MAIDEN	NAME		-			
Д	Charles L.	Carroll,	Sr.			Alic	e Cole					
	15 WAS DECEASED EVER	IN U. S ARMED FOR		OCIAL SECURITY NO	17、种	FORMANT The M	edical	Record	re11	,		
and a	Yes	WWII	21	4-20-5363	I	he Clinical	Center	, Bethes	da 14,	Maryland		
	18. CAUSE OF DEAT	TH (Enter only one co	use per line	e for (0), (b), and (c) j	-					INTERVAL BETWEEN		
1		H WAS CAUSED BY:	Fo	LM JN AR	24-	! KICUFF	1. 15	IK. Y		ONSET AND DEATH		
1	1 1 1 + 1	DUE TO	×			- /	157.1.			- Wr CV		
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gove rise to immediate										7 7 7 7 7		
J	couse (a), stating t	he under:	-				_	made to	4			
ı			·	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TER	MINAL DISEAS	SE CONDITION GIV	EN IN PART	No. 19. WAS AUTOPSY		
	PART II OTH		-							PERFORMED?		
ı	200 ACCIDENT WAS	UNDERLYING []	20b. DESC	RIBE HOW INJURY OC	CURRED	. (Enter nature of injury i	n Port I or Po	rt I7 of item 18)				
1	OR CONTRIBUTING	MEDICAL EXAMINER)										
	3 20c. TIME OF INJURY	Month, Doy, Yes	r 20d IN	JURY OCCURRED		CE OF INJURY (Home, fo		y or town)	(Co	unity) (State)		
	20c. TIME OF INJURY Hour o.m.	19	While of work	Not while of work	TOC	lary, street, office bldg , i	rfc.)			4		
1		at I attended the	doceare	d from May	20	10.57 to S	entemb	er 21 1057	Mark I Ia	ist saw the deceased		
1	alive on Sep		. 19 5	_						e date stated above.		
1	diffe dil_129E	_ ^ A		Land Hidi	ueam	accourse difficult		itreet, city or town,		DATE SIGNED		
ı	ACTUAL	2 of the	64	CACS. M.	The Cli	,		,	9/22/57			
	SIGNATURE	IGNATURE OF CHAIN					PMP. The Clinical Center 9/22/57 National Institutes of Health					
	PHYSICIAN'S R	OBERT WEIG	ER, M	I. Ď.			- 1	Marvland	1100000	7 4 N		
	220. BURIAL CREMATION	226. DATE THEREO	F	22c. NAME OF CEME	TERY OF			TION (City, town, o	ar county)	(Stote)		
	REMOVAL (Specify)	10/1	57	Bant. 2	3 -	. ' ^	7	2	21	n - O -		
	23 FUNERAL DIRECTOR'S			ADDRESS .	al	ional 240 BE	C'D BY REGIS	TRAP 24h PERI	STRAR'S SIGN	NATURE.		
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09626 **CERTIFICATE OF DEATH** Reg. Dist. No. 2 1-3 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived. If institutions Residence before admission) · COUNTY b. COUNTY MARYLAND c CITY OR TOWN (I) autside carporate limits, write RURAL and give negrest town) b. CITY OR TOWN (If outside corporate limits, write E. LENGTH OF STAY IN 16 å, RURAL and give nearest town) shauld n 1 13 G d, NAME OF HOSPITAL (IF nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARMS Washin YES NO NAME OF Middle 4. DATE Manth DECEASED OF DEATH 5 (Type or print) 10 5 SEX 6. COLOR OR RACE 9. AGE (in years IF LINDER 1 YEAR IF UNDER 24 HRS. MARRIED THE NEVER MARRIED B DATE OF BIRTH last birthday) Months ma WIDOWED [7] DIVORCED [7] 10g USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? deoth. during most of working life, even if retired) american 1 ma offer 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME rest 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH | Enter only one cause per line for (a). (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO RTEPZIOSCHEROSIS Conditions, if ony, which gave rise to immediate **DUE TO** couse (a), stoting the underlying cause lost. (c) PART NO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 101 19 WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, [Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg . etc) MEDI Haur a.m. While Not while at work at work 21. I certify that I attended the deceased fram... ., 19🛂 /,that I last saw the deceased , and that death occurred at IR A. from the causes and an the date stated above. alive an DIRECTOR ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE P PHYSICIAN'S NAME (Type) WASHINGTON, D.C 22c, NAME OF CEMETERY OR, CREMATORY 22d JOCATION (City, town, or county) (Stole V 3 Ó 240. REC'D JY REGISTRAR 246 REGISTRATES RIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. E.

DECEINED

09627 16 CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY b. COUNTY Montgomery MARYLAND District of Columbia b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CFTY OR TOWN (If outside carporate fimits, write RURAL and give nearest town) RURAL and give nearest lawn) Bethesda 56 days Washington d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d STREET ADDRESS . IS RESIDENCE ON A FARM? 6700 Piney Branch Road, N. W. The Clinical Center. Bethesda 14. YES NO NAME OF Middle 4. DATE Year DECEASED OF DEATH William Ide Coleman 22, (Type or print) September 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX DATE OF BIRTH 9. AGE (In years lost birthdoy) Hours Male White WIDOWED T DIVORCED | August 2, 1908 19 100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Teletype Analyst Electric Company Virginia U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert E. Coleman Mary Edith Slack 17. MFORMANT The Medical Record Address 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO No The Clinical Center. Bethesda lh. Maryland 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) WU; ic cardiovascisas sissus Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying couse lost. PART HE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ([0] 19. WAS AUTOPS) PERFORMED? YES IN NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 20e. PLACE OF INJURY IHome, form, 20f. (City or lown) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED (County) (State) Haur c.m. foctory, street, office bldg., atc.) While Not while at work of work 1957 to September 22 19 57 that I last sow the deceased July 28 21. I certify that I attended the deceased from __ September 22 and that death accurred at 200 PM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL The Clinical Center SIGNATURE National Institutes of Health PHYSICIAN'S James C. Allen, M. D Bothesda ll. Maryland NAME (Type) 220 BURIAL CREMATION. 226 DATE THEREOF 22c_NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) (Stole) REMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE 24a REC'D BY REGISTRAR 24b

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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		RURAL ond give	If outside corporate lim		LENGTH OF STAY IN 16	c. CITY OR	er	outside corporate lin	nils, write RUR	7 7 7	2	
ë y		I. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, s		L677)	d STREET	ADDRESS	UGBV	A-V	E	4. IS RESIDE ON A FA YES N	BW5
	1	NAME OF DECEASED Type or print)	Fi		Middle	COGN	st	4. DATE OF DEATH	Month SEP	7	Day Yea	
	5. 5		6. COLOR OR RACE		NEVER MARRIED	8. DATE OF BIRT	H 2 /-	T9 AG	E (In years IIF birthday)		AR IF UNDER 2	
I		USUAL OCCUPATI		done 10b KIN	D OF BUSINESS OR IND	USTRY IT. BIRTHPI	LACE (Stote	1/100	74 yes.	12 CITIZEN	OF WHAT CO	OUNTRY?
	13.	FATHER'S NAME	Mi	7714	EW JACK	14. MOTHER'S	MAIDEN N	IAME	W/A	750		
		WAS DECEASED EV	ER IN U. S ARMED FOR		IAL SECURITY NO. 17.	The second second second	5081		Address	434	Avc.	
			ATH (Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o		or (o), (b), and (c).]				<u>जिस</u> स्ड	IN	ITERYAL BETW NSET AND DE	
		420.0	DUE TO		onary C	CCLUSI	1/			•	LUAN	13.
		Conditions, if a gave rise to i cause (a), stating lying cause lost.	the <u>ynder-</u>	>	RIOSCLO	123716	<u>Her</u>	RT DI	S EASE		2 4 5 14/	52
	ATION				TRIBUTING TO DEATH B	T NOT RELATED TO	THE TERMI	NAL DISEASE CON	DITION GIVEN	LIN PART 1(o)	PERFORMI	ED?
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	MEDICAL	20c. TIME OF INJUI Hour a. gs. p. m.		or 20d. INJUI While at work	Not while	LACE OF INJURY (octory, street, office	Home, form e bidg., etc.	20f. (City or low	rn)	(County	y) .	(Stote)
			nat I attended the	deceased	fromMAY 14	, 1957	, 10 SE	77.12	., 1957.,	hat I last	saw the de	ceased
		ACTUAL	Su. 1-9 (2, 1857	, and that dea	n occurred at		ADDRESS (Street, ci				above. SIGNED
		PHYSICIAN'S NAME (Type)	Robert G.	Angle		w.b. <u>~ 520 4</u>	-UE-LI	YIY HUC.	7-04!	B.C.S.P/A	110	
	220		9/25/57		Riverview	OR CREMATORY		22d. LOCATION (C		,,	(State)	
	23	funeral director obert A.	S SIGNATURE Pumphrey				240. REC'I		24b. REGISTR			6
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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(County)

Prince George

246. REGISTRAR'S SIGNATURE

240. REC'D BY REGISTRAR

U.S.A.

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REMOVAL (Specify) Burial

FUNERAL DIRECTOR SISIGNATURE

9/6

SECENCE

09632

Reg. Dist. No.

Montgomery	MARYLAND	o. STATE Maryl	In a	EOUNTY	omery .
b CITY OR TOWN (If autiside corporate limits, write RURAL and give nearest town) Rockville	c. LENGTH OF STAY IN 16	c CITY OR TOWN (IF o	utside corporate limit	s, write RURAL and give	nearest lown)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION 1211 Highwood		d. STREET ADDRESS 1211 Hig		*	o. IS RESIDENCE ON A FARM? YES NO XX
3. NAME OF DECEASED (Type or print) GONSTANTINE)	Middle COURO	UNIOTIS	4. DATE OF DEATH	Sept. 20	Doy Yeor 19 57
5. SEX 6 COLOR OR RACE 7 MARRIE WIDOWED		1/1/1889	9. AGE (and the second s	Haure Min.
10a USUAL OCCUPATION (Give kind of work done 10b K during mast af working life, even if retired)	ind of Business or indusemployed	STRY II BIRTHPLACE (Stole-Greec		12. CITIZE	USA
Stephen Courouni	otis	14. MOTHER'S MAIDEN N Antoni	a Angeli	tis	
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 S. (Yes, no, or unknown) [If yes, give wor or darks of service]		achel Couro	uniotis	same as	item 2d
PART 1 DEATH WAS CAUSED BY: MMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate cause (a), stoting the under: lying couse last. (c) PART II OTHER SIGNIFICANT CONDITIONS COUNTY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEAD BUT	= ENY	himit	TION GIVEN IN PART II	Solof. (a) 19. WAS AUTOPSY PERFORMED? YES NO D
20c TIME OF INJURY Month, Day, Year 20d, IN, Maur c. m. 19 White of work	Not while for	ACE OF INJURY (Home, form ctory, street, affice bldg., etc.	. 20f. (City or town)	(Cou	inty] (Stole)
21. I certify that I attended the decease alive on 19.5 ACTUAL SIGNATURE FLAT R. PHYSICIAN'S NAME (Type) STEPHEN N. JO.	, and that death	3, 1958, 10 occurred of 16 30		auses and an the	date stated above
220. BUR AL, CREMATION, 226 DATE THEREOF REMOVAL (Specify) Burial 9/21/57	22c NAME OF CEMETERY O	emetery	22d LOCATION (CIT	7.2 7.1	(State)
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS thesda. Mar	240 REC'I		AD. REGISTRAR'S SIGN	ATURE To de
Entert de Luisse de la constant de l	M. G.SUA, PIOI		# 133/	- wanter -	1 23

VS A15 (4) 15M 9/55



EUREAU V. S.

		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 19633
-		9651 CERTIFICATE OF DEATH Reg. Dist. No. 2/6
		MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE b. COUNTY b. COUNTY Prince George
M)		b. CITY OR TOWN (If outside corporate limits/write RURAL and give nearest town) CETTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CETTES Ja. 30 min. West HyaTISKIID. 1.1
+		d. NAME OF HOSPITAL (If not in hospital, give street oddress) Suburban Hospital 9303 20th Qua. e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED A DATE Month Day Year OF DEATH SEPT. 29 195
		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 7. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS) 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS) 10
	L	USUAL OCCUPATION (Give kind of work done done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPIACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY Machine Industry Machine Industry Manches Kr. England America
I	13.	FATHER'S NAME J. Illiam Cowburn Susan Wood
	15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17 INFORMANT 1 (1) yes, give wer or dates of services 037-14-7496 10 11 yes, give wer or dates of services 037-14-7496 William A. Cowburn W. Hyallsville: Me
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:
		4 do, 1 Due to Due to
		Conditions, If any, which gove rise to immediate couse (a), stating the under-lying couse lost.
2	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED? YES NO
	L CERTIF	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Month, Day, Year And Month, Day, Ye
		23. I certify that I attended the deceased from august, 1954, to Sift 29, 1957, that I last saw the deceased alive on Sept 29, 1957, and that death occurred at 7.30 M, from the causes and on the date stated above
		ACTUAL SIGNATURE Menilly . Good M.D. 8248 Longia avenue DATE SIGNED
1		PHYSICIAN'S MERRILL M. CROSS AD. Silver Spring Manfaul
	220	Burial CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City Town, or county) (Store) Burial 10/2/57 Ft. Lincoln Cemetery Prince George Maryland
	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS DATE 10 - 2 - 5 7 PESSEE The makes a
		f 7

BUTEAU V. A.

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ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	ARYLAND	STATE DEPARTMENT	OF HEALTH	-BALTIMORE,	18
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0650 CERTIFICATE OF DEATH

09634

		000	7. S. W					Keg. L	HST. NO		£ 1
a. COUN					2. USUAL RESIDENCE	Where deceas	ed lived, If institute b. COUNTY		ence befo	re admis	non)
Mont	gomery	,		MARYLAND	Maryland			gome	cv		
b. C TY C	R TOWN (If	outside corporate lim orest town)	ils, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	If outside corp				arest faw	n)
Sil	ver Sp	ring, Md.		5 days	Wheaton	, Silv	er Spring				
OR INS	STITUTION	Care it and			d. STREET ADDRESS	11 / 1 7	D.I.			ON A	FARM?
		Sanitariu			12308 Go		Ka.			7 63 [I NO (X
DECEASE	D	Fi	rat	Middle	Last	4. DATE	Mor	nth .	Do	ıy	Year
(Type or p	print)	Berni		Alice	Creed	DEATI	9		10)	1957
. SEX		6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH		9 AGE (In years		RIYEAR	IF UND	ER 24 HRS.
Fema	le	White	WIDOWI	DIVORCED	12-22-1914		lost birthday) 42 yrs	Months	Days	Hours	Min.
O USUAL	OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (SI	te or foreign	country)	12 C	ITIZEN C	F WHAT	COUNTRY
Cler	k-typi	St	" D.	C. Police I		a, Vir			U. S	. A.	
. FATHER'S	NAME				14. MOTHER'S MAIDE	NAME					
Thor	mas E.	Crowell			Ruby Co	ckrille	2				
S. WAS DEC	CEASED EVER	IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO. 17.	INFORMANT		Add	ress [J]	ento	n V	farula
Yes, no, or unk		f yes, give war or dates at	sarviće)		Huchand- Mr	134 1 1 4 2	Cwood				-
1					Husband- HI.	MITIT	creed	12300	GOL	dilli	I Ka,
	PART I. DEAT	H WAS CAUSED BY:	A	e for (o), (b), ond (c).]	Edema						
		IMMEDIATE CAUSE (c		cute Brain Sy	ndrome with d	elirim	n fremens				
Condi	tions, if an		93	nd convulsive			a ozomeno		- 1		
	rise to in	mediate	10. 7	coholism	serzules.				_		
couse (a), stating H		257.	COHOLISH							
	ause last.		:)(:)								
ľ	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH SU	UT NOT RELATED TO THE TE	MINAL DISEA	SE CONDITION GIV	EN IN PA	RT 1(0) 1	9 WAS	AUTOPSY
	Acut	e degenera	ation	of liver							
OR CON	ITRIBUTING	UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	RIBE HOW INJURY OCCURI	RED (Enter noture of injury	in Part I or Pa	rt II of item 15.)				
	E OF INJURY our a. js. p. m.	Month, Day, Ye	While	UURY OCCURRED 20e.	PLACE OF INJURY (Home, for factory, street, office bldg.,	efc.)	y or town)		(County)	J. S. A. Paton, Mary Goodhill Related by the person of th	(State)
21. I c	ertify the	at I attended the	decease	ed from Sept. 7	19 ⁵⁷ , to 5	Sept. 1	0 12 57	_that	last sc	w the	decease
alive c	on Sant	18	1957	and that dear	th occurred at 4:4	DP AN Fra	m the courses o	and on	the d-	to start.	ad aba
alive	on Sept	18	1 <u>257</u>	and that dear	th occurred at 4:4	DP-M, fro	m the causes of street, city or town,	and on	the da		

ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Andrén, M. D. Henry E

Silver Spring, Maryland

22c. NAME OF CEMETERY OR CREMATORY

Gate of Heaven Cemetery Montgome Maryland

FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) BUT181 9/13/5

Silver Spring,

(Stote)

BOBEVO A. 2

25P 16 1957

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	9635
	96°0 CERTIFICATE OF DEATH	. No
	1. PLACE OF DEATH O. COUNTY MONTGOMERY 2. USUAL RESIDENCE (Where deceased lived. If institution Residence of STATE MARY I AND b. COUNTY MONTGOMERY)	before admission) TGCMEKY
M	b. CITY OR TOWN (If outside corporate limits, write RURAL and gi RURAL and give nearest form) ARKUMA TARK IDAY IAKUMA PARK	
75	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION WASHINGTON SANITARIUM + HOSpiTAL 8702 Gilbert Place	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) GRATTON - PAINTEK CREGER DEATH 9 -	Day Year - 27 1957
		YEAR IF UNDER 24 HRS Days Hours Min
1	Euffilley Virginia U.	S A.
1	CHARIES CREGER Ellis	
'、[15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Address Address Address Address Address Address Address	R. Jakomu M
	IB. CAUSE OF DEATH [Enter only one couse por lipe for (o). (b). ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cleaner declinearing Codeman	INTERVAL BETWEEN ONSET AND DEATH
	490X DUE TO Conditions, if any, which) Blattine lateral	2 days
	gave rise to immediate cause (a), stoting the under-lying couse last.	
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Alabetes Mellitus	I(o) 19 WAS AUTOPSY PERFORMED? YES 7 NO
	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURPED 20e PLACE OF INJURY (Home, form, 10f. (City or town) factory, street, office bldg, etc.).	ounty) (Stote)
	21. I certify that I attended the deceased from Left 25, 19.5/, to Jeft 27, 19.5/, that I ic alive any 19.5/. And that death occurred at 35 M, from the causes and on the	ast saw the deceased
,	ACTUAL CENERAL O (1/15E MD 7600 COVIEL ONE TO BO	DATE SIGNED
	PHYSICIAN'S RAYMOND C. WEST	ma
7	200 BURIAL CREMATION, 226. DATE THEREOF 226 NAME OF CEMETERY OR CREMATORY PRINCE GEORGE COUNTY) BURIAL (Specify) 9/30/57 FT. LINCOLN CEMETERY PRINCE GEORGE COUNTY)	(State)
2	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS WOLLDER & Fumphrey, SILVER SPRING, MD. SATE	
c	All All	NOW NOTE

BUREAU V. S.

DECENTED

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SE 30 1937

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

LECENCE!

		98	355	CERTI	FICA	TE OF	DEATH	1		1	Reg. Dist.	No.		
1.	PLACE OF DEATH a COUNTY	Montgom	ery	MARI	(LAND	2 USUAL R o. STATE	Maryl	and	ed lived. b.	If Institution COUNTY	Residence Monte	pelore or	mission ry)
	b. CITY OR TOWN RURAL and give	(If autside corporate	limits, write	c. LENGTH OF STAY	IN 1b	c. CITY C	OR TOWN (IF	outside carp	orate limit	s, write RUI	AL and giv	e nearest	town)	
	Viers M	Tr'	age	l vr.		113	Vie	rs M	i11	Villa	age			
-		ITAL (If not 'n hospit		oddress)		d. STREE	T ADDRESS					e. 15	RESIDI	NCE
			Glen	Rd.		-	4205	Ivy	Glen	Rd.			S 🗍 N	
3.	NAME OF DECEASED (Type or print)	VINIA	First	BOGGS Middle	De	WITT	tosi	4. DATE OF DEATH	' Sep	Month	7,	Doy	Yec 19	57
5.	SEX	6. COLOR OR RA	CE 7. MARRI	IED X NEVER MARRI	ED 🔲 8.	DATE OF 8	IRTH		9. AGE	1	UNDER 1			
F	emale	White	WIDOWE	DIVORCE	0 🗆 A	pr. I	14, 18	91	66		Mosths I	3 Ho	OUE3	Min,
10	during most of an	ION (Give kind of w	ork done 10b.	KIND OF BUSINESS C	OR INDUST	RY 11 BIRT	HPLACE (State	ar foreign (country)		12. CITIZ	EN OF W	HAT C	DUNTRY
1	Housew:		Ow	m Home			Ohio				I	J. S		
13	FATHER'S NAME					14 MOTH	ER'S MAIDEN N							
	And	rew Bogg	S				? 0	lnkno	wn					
15	WAS DECEASED E	FR IN U. S ARMED		SOCIAL SECURITY NO), 17, IN	FORMANT	Husb	and		Addres		1. ~		
"	No	(If yes, gave wor or dots		lone	Her	bert	E. De	Witt			Item	#2		
	18. CAUSE OF D	EATH [Enter only or	ne cause perthi	e for (a), (b), and (c)]			^				INTERVA		
	PART I. DI	EATH WAS CAUSED IMMEDIATE CAUS	BY:	1 Clmm	na	51	Well	was				ONSET	AND DI	HIAS
	176 X		E TO			1)	- Jayes					0 1.	-	
	Conditions, if	any, which)	Mark.			6								
	gave rise to	immediate ((b) E TO							-				
1	lying cause last	d the huder-	(c)											
CERTIFICATION	PART II. O	THER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO DE	ATH BUT N	OT RELATED	TO THE TERM	INAL DISEA	SE COND	TION GIVE	N IN PART	P	VAS AU ERFORM	AED?
STEP	20a. ACCIDENT V	VAS UNDERLYING C	20b. DESC	RIBE HOW INJURY C	CCURRED	(Enler notu	re of injury in	Port 1 or Pa	rt II of ite	m 18 j				
	OF EITHER, NOTH	Y MEDICAL EXAMIN	ER)											
MEDICAL	20c TIME OF INJU Hour a.m p. m		Year 20d, IN While at work	Not while at work	20e. PLAG	CE OF INJUI bry, street, o	RY (Home, form ffice bldg., etc	20f. (Cil	ly or lawn	l	(Co	unlyj		(State)
l	21. 1 certify	that I attended	the decease	ed from	2/	19.3	7 to 9	1/27	7	1927,	that I la	st saw	the de	ecease
	alive on X	34157	19	and that	death	occurred	011.450	1						
	1	12	0/	-						or town, st				E SIGNE
	ACTUAL SIGNATURE	and N	If n.	nton	Ad	047	09 7	Mont	arm	ley.	Tan	2		
						7		7/	,					
	PHYSICIAN'S NAME (Type)	PAUL D.	CANTO)R		470	9 Mont	gome	ry I	ane,	Betl	nesd	а,	Md.
22	BURIAL, CREMAT	ION, 226. DATE TH		22c. NAME OF CEM		CREMATOR	Y			ly, lown, ar			(Stole)	
B	UFFACYAL (Special	9/27/1	1957	Parklaw	n			Mon	itgon	nery	Mar	ylan	d	
	obert A.		v-7557	ADDRESS Wis Ave	Beth	nesda	240. REC	D BY REGIS		246. REGIST	RAR'S SIGN	VATURE	7	1

n by the funeral director, and 2 should be filed with may terptained by the haspital or attending physician.

TO FUN IL DIRECTOR: After this certificate has been signed by the attending physician and campletely fill page 15 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page the registrar prior to burial, crematian, at remaval, and in any event wi≡in 72 hours after degith.

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TO HOSPITAL OR ATTENDING PHYSKIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

VS A15 (4) 15M 9/SS





CERTIFICATE OF DEATH

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Dist. No	١.	\prec	10

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs offer death. Page 4	may be eloined by the bospital or attending physician. TO FU AL DIRECTOR: After this certificate has been signed by the attending physician and campletely f. I in by the funeral director, page with a place of the page of the page of the page of the page. The page of th	the registrar prior to burial, cremation, or remayal, and in any event within /2 hours after death.
TAL	AL nav	101
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10	. O	der

VS A15 (4) 15M 9/SS

		3	000	- Carrier	47	L OI DEAII	•		Reg. Dist.	. No.	J. / U
1	PLACE OF DEATH	ontgomery		MARYLAI	- 11	. USUAL RESIDENCE (WIN	ere deceased	l fived. If institution b COUNTY		before od	
	RURAL and give n	If outside corporate fimits egrest town) Chase	, write	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If or Chevy	Chase				
7	OF INSTITUTION	TAL (If not in hospital, girtnut Stre		ddress)		d STREET ADDRESS 7218 Chest	tnut	Street		Ot	RESIDENCE NA FARM?
3.	NAME OF DECEASED (Type or print)	Jose		Middle		Donelon	4. DATE OF DEATH	Soot	h	Day 16	Yeor 1957
	sex male		7. _{MARRI}	DIVORCED		3/17/1876		9. AGE (In years last birthdoy) 81 yrs.		YEAR IF UT	NDER 24 HRS
I_	o usual occupation during most of wor etired,	ON (Give kind of work di king life, even if ratired) L& M Rai	_		NDUSTR	Irela:		uniry)	12. CITIZ	EN OF WH	AT COUNTRY?
13.	FATHER'S NAME					14 MOTHER'S MAIDEN N	AME				
	Patrick :	Donelon 👕	- 1, e m			Mary	Done	lon			
15 (Yi	WAS DECEASED EVE	R IN U. S. ARMED FORCE (If yes, give wer or dates of ser		no no		n Donelon	7218	Chestn		.C.C	.,Md.
ATION	Conditions, if a gove rise to i cause (a), stating tying course tost.	m mediate DUE TO (c)	Anti-	ONTRIBUTING TO DEATH	BUT NO	of related to the terming	e NAL DISEASI Hithu	CONDITION GIVI	EN IN PART	19. W/	AS AUTOPSY FORMED?
AL CERTIFICATION	200 ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY 20c, TIME OF INJUST	MEDICAL EXAMINER)		RIBE HOW INJURY OCC		Enter nature of injury in P	ort I or Port				
MEDICAL	Hour a.m	RY Month, Doy, Year	While of work	Not while	foctor	OF INJURY (Home, form, y, street, office bldg , etc.)	20F (City	or tawn)	[Co	unly)	(State)
	alive an S	nat I attended the AT 15 Notice III	decease , 195	,	eath o	1 /	_M, from		nd on the		ne deceased ated above. DATE SIGNED
	PHYSICIAN'S W NAME (Type)		Oler								
	REMOVAL (Specify Removal L	9/16/57	7		sep	h Cemeter		incinna		Ohio	tote)
23 T	FUNERAL DIRECTOR	's signature lines Co.,	2901		ash. N.V		BY REGIST	10 70	TRAR'S SIGN	ATURE	hen

BUREAU V. S.

SEP 17 1957

BECEINED

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ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18				
	ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18

9657

CERTIFICATE OF DEATH

(1964)

				кед	, DILT. NO.
1 PLACE OF DEATH 0. COUNTY	Montgomery	MARYLAND	2. USUAL RESIDENCE (WHO OF STATE Marylan	ere deceosed lived. If institution Res	omery
b. CITY OR TOWN RURAL and give r	(If outside corporate limits, wri nearest town) Olney	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside corporate limits, write RURAL i	
d. NAME OF HOSPI OR INSTITUTION MONTGOMET			d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Edward	Middle Fletcher	Dorsey	4. DATE Month Septe	ember 20, 57
s. sex Male	Coloredwin		8. DATE OF BIRTH 5/30/1908	last birthday) Mont	IDER I YEAR IF UNDER 24 HRS ths Doys Hours Min
during most of wor	cking life, even it retired)	0b. KIND OF BUSINESS OR INDU		or foreign country) 17yland	USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN N		
	les Dorsey			ha Clark	
15 WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FORCES? (If yes, give wor or dotes of service)	16. SOCIAL SECURITY NO. 17	Hospital	Record	
	ATH [Enter only one cause po ATH WAS CAUSED BY:	r line for (a), (b), and (c).			INTERVAL BETWEEN
	IMMEDIATE CAUSE (a)	Uremia			1 week
600,0		Chronic Desci	lamambuita		C mandala a
Conditions, if a	immediate (DUE TO	Chronic Pyel	Lonephritis		6 months
lying cause last.	tue hitoez				
PART H. OT	HER SIGNIFICANT CONDITION		NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN	PART I(o) IP. WAS AUTOPSY PERFORMED? YES K NO F
		DESCRIBE HOW INJURY OCCURRE		art I ar Part II of item 18)	11-22 11-2
Y 20c. TIME OF INJUING Hour a. ft.	WI		ACE OF INJURY (Home, form, clary, street, office bldg , etc.	20f. (City or town)	(County) (Stote)
	hat I attended the dece			eptember20 58 ha	
alive on_DE	ptember 19.1	2011, and that death		M, from the causes and o	n the date stated above
ACTUAL SIGNATURE	Mulms	The fr. D.	M.D	Control (Silver, City of Town, Store)	DAIE SIGNE
PHYSICIAN'S NAME (Type)	C. S. Whit	caker, M. D.	Clark	sville, Md.	
20. BURIAL, CREMATIC	9/22/57	22c. NAME OF CEMETERY O		22d LOCATION (City, town, or coun Sandy Spring, M	(State)
23. FUNERAL DIRECTOR	E Survell	ADDRESS Rockville, M		BY REGISTRAR 24b. REGISTRAR'S	SIGNATURE

BUEERU V. S.

eral director, be filled with

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Page

death.

24

BUREAU V. S.

DECENALENT

CERTIFICATE OF DEATH Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) 6. COUNTY b. COUNTY YON MARYLAND b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 9 d NAME OF HOSPITAL (If not in hospitol, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? YES NO 1 NAME OF Middle 4. DATE Month Yeor DECEASED (Type or print) DEATH COLOR OR RACE 9. AGE (In years lost birthday) 5. SEX 7. MARRIED [NEVER MARRIED] 8. DATE OF BIRTH IF UNDER 1 YEAR UNDER 24 HRS Doys Hours Min. WIDOWED | DIVORCED [100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ESMAL 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT SON 214-03-8188 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a), Conditions, if ony, which gave rise to immediate DUE TO couse (o), sloting the underlying couse lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES P NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY Month. 20e PLACE OF INJURY (Home, form, 20f (City or town) Doy, Year 20d. INJURY OCCURRED (Stole) (County) factory, street, office bldg., etc.) Hour a. m. While Not while of work of work 1953, to Jeff 14, 195 2 that I last saw the deceased 21. I certify that I attended the deceased from.... , and that death occurred at A. HOAM, from the causes and an the date stated above. ADDRESS (Street, city or lown, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATION, 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) 2 BUTTAT Geo. Wash. Mem. Cem. Prince George Co. Maryland 0 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24o, REC'D BY REGISTRAR Silver Spring, Md VS A15 (4) 15M 9/55 DATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

SEE IL 1325 DECEINED

BUREAU V. S.

Reg. Dist. No. e. IS RESIDENCE ON A FARM? YES NO IN Year September 19 IF UNDER 1 YEAR IF UNDER 24 HRS 12. CITIZEN OF WHAT COUNTRY? U.S. (Same As #2 INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES 1 NO | (County) (Stote)

23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1756 Penn. Ave., Washington, D. DATE 9-3-57

240. REC'D BY REGISTRAR

4916 REGISTRAR'S SIGNATURE an 11

THE GEIVE

BUREAU V. S

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
	***************************************	-		

	960	CERTIFIC/	ATE OF DEATH	in the state of th	19645/73			
1, 1	PLACE OF DEATH S. COUNTY	MARYLAND	2 USUAL RESIDENCE (Where deceded on STATE					
-	CITY OR TOWN (If outside conforce limits, wi RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside cor	porote limits, write RUR	AL and give warest town)			
	d. NAME OF HOSPITAL (If not in hospital, give st OR INSTITUTION Jack, Same,	reet oddress)	1830 in	nersity	Blue YES NO ET			
	NAME OF DECEASED (Type or print) Marguerite	- Mary E	Juards 4. DATE	- 1	16 195			
5. 5	1. 1 11:1	MARRIED NEVER MARRIED DIVORCED DIVORCED	Date of BIRTH 1897		UNDER I YEAR IF UNDER 24 HRS Annihs Days Haurs Min.			
100	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106, KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote or loreign	country)	12. CITIZEN OF WHAT COUNTR			
13.	John norton		manue hame	Bury				
	VAS DECEASED EVER IN U. S. ARMED FORCES? (If you, give wor or dotes of tervice)	16 SOCIAL SECURITY NO. 17. 11 MONE MES	reportant & mar	shall 8009	Easter Que.			
MEDICAL CERTIFICATION	IB. CAUSE OF DEATH [Enler only one couse p PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	per line to (o), (b), and (c),	- policion	. melus	ONST AND BEATH			
	Conditions, if ony, which) (b)	Suppuration	in broncliet		2 wh ple			
	gove rise to immediate couse (a), stating the <u>under-lying couse lost</u> (c)	Bronchic	taris		2 wh plus			
	PANT II OTHER SIGNIFICANT CONDITION	INS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN	IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO			
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I ar Port II af item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
	Hour a.m. V	Od. INJURY OCCURRED 20e. PL Vhile Not white I work of work	ACE OF INJURY (Home, form, 20f (Colory, street, office bldg., etc.)	(ity or town)	(County) (State)			
	21. I certify that I attended the decative an 9-16		2, 1957, 10 9 accurred at 3.6. M, fr	/	that I last saw the deceased on the date stated above			
	ACTUAL SIGNATURE	wich		(Street, city or town, sto				

NISH PHYSICIAN'S NAME (Type) 226 DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, lown, or county)

(Stote)

220 BURIAL, CREMATION, REMOVAL (Specify) Burial 9/18/57 FUNERAL DIRECTOR'S SIGNATURE

Rock Creek Cemetery ADDRESS

Washington, D.C. 246 REGISTRAR'S SIGNIATURE 240. REC'D BY REGISTRAR

BEVN A. E

DECEDVED

1		MARYLAND STATE DEPARTA	MENT OF HEALTH—BALTIMORE, 18 09646				
, ,	\$ 9660 CERTIFICATE OF DEATH						
led with	1.	COUNTY MONT GOMER MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. STATE MARYLAN b. COUNTY MINT FOMERY				
ld be fi		RURAL and give nearest town) RURAL and give nearest town) RUPAL CONTROL OF STAY IN 16 RURAL CONTROL	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) POCKUILLE				
1 2 show		OR INSTITUTION SUBVERBAN	d. STREET ADDRESS SOL DEAN DRIVE e is residence on a farm? YES \(\) NO (3)				
ě	3.	RAME OF First Middle DECEASED Type or print) DIANE E	EMPLETON 4. DATE Manth Day Year OF DEATH SEPT 17 1957				
ong competery in the competery in the competer of the competer	5. :	FMALE WHITE WIDOWED DIVORCED	MARCH 26-1951 loss birroday) Months Days Hours Min.				
	10e	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INC during most of working life, even if retired)	AUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY) USA				
8 8	13.	BERNARD E. EMPLETON	14. MOTHER'S MAIDEN NAME ANTER MICHARDS				
re remove	15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. no. or unknown) Iff you, give wor or dates of service)	INFORMANT Address				
Then pleas		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Could Survey DUE TO	choughe Cenhouse ONGELAND DEATH				
nd in ony		Conditions, if any, which gave rise to immediate couse (a), stating the under-lying couse lost. (b) DUE TO (c)					
the bur	CATION		UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PER OPMED? YES 2 NO 1				
	CEEFF!	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Port I or Port II of item 18.)				
emation	■ EDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of work	PLACE OF INJURY (Home; form, 20f (City or town) (County) (Stote) foctory, street, office bldg., etc.)				
ched for		21. I certify that I attended the deceased from 4-5, 1936, to 9-17, 1937, that I last saw the deceased alive on 9-17, 1937, and that death occurred at 1:11 PM, from the causes and on the date stated above.					
or to be		ACTUAL MILESIGNATURE MILES	ADDRESS (Street, city or town, stops) DATE SIGNED M.D. 615 (Mintegraph or 2 line Corporal) Will 917/57				
stror pri		NAME (Type)					
pode re	_	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY REMOVAL (Specify) 9/19/57 Cedar Hil.	OR CREMATORY 22d. LOCATION (City. town, or county) 1 Crematory Suitland, Maryland				
(4) 55	23.	SUMERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE 9-19-57 Besai M. Chom. Benz				
		24.					

BUREAU V. R.

TEGE SS 1957

MARYLAND STATE DEPARTMENT O

EALTH—BALTIMORE, 18

requires that HOSPI

BUREAU V. S.

CERTIFICATE OF DEATH 9661 Reg. Dist. No. director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a COUNTY filed b. COUNTY MARYLAND after death. uneral b. CITY OR TOWN IIf outside cornorate limits, write C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carporate limits, write RURAL and give negres) tawn) RURAL and give negrest town blooks d. NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS . IS RESIDENCE OF INSTITUTION ON A FARM? YES IN NO Z NAME OF Middle 4. DATE Year DECEASED (Type or print) DEATH 19 within 5 SEX 9. AGE (In years last birthday) 7. MARRIED THE NEVER MARRIED IF LINDER LYEAR IF LINDER 24 HRS Months Days WIDOWED I DIVORCED [Dyrs 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)
slyring most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY ofter death. ROCUREMEN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO permit. Y LC Conditions, if any, which signed pave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19 WAS AUTOPSY PERFORMED? YES NO PA 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20e. PLACE OF INJURY (Hame, farm. 20d INJURY OCCURRED 20f. (City or town) (County) (State) Hour 0. (1. factory, street, affice bldg . etc.) While Not while at work | at wark p. m. 21. I certify that I attended the deceased from 19.5. Zithat I last saw the deceased and that death occurred at 10:10 AM, from the causes and on the date stated above. alive on DIRECTOR: ACTUAL WISCONSIN Prior D PHYSICIA N'S NAME (Type) 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) FUN (State) REMOVAL (Specify) Arlington National Burial 2 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR VS A15 (4) Robert A. Pumphrey-Bethesda, Maryland 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

QGG2 CERTIFICATE OF DEATH

19649 Reg. Dist. No. 216

	5/6/								keg. Dist.	. No.	
	LACE OF DEATH			2	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY						
0. COOM	Montgomery		MARYLA	NO	Virginia b. COUNTY						
b. CITY OR	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			116	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)					vn)	
	Bethesda			Salem			C :				
d. NAME C	OF HOSPITAL (If not in hospital, g	ive street o	oddress)		d STREET ADI	DRESS				e, IS RE	ESIDENCE A FARM?
9630					Rt, # 2						
3 NAME OF DECEASED	DECEASED		Middle		Lost		Sr. JATE Month OF DEATH September			Day	Yeor
	(Type or print) John			D. FARLEY,		Sr.				4	19 57
5. SEX	6 COLOR OR RACE	7 MARRI	ED ENEVER MARRIED	□ B. 0	ATE OF BIRTH			9. AGE (In years lost birthday)		YEAR IF UNI	
Male	White	WIDOWE	D DIVORCED	3	/22/98	-		59 m	7 7	L Z	
10a USUAL O during me	d USUAL OCCUPATION (Give kind of work done 10b. KIN during most of working life, even if retired)						, , , , , , , , , , , , , , , , , , , ,			CITIZEN OF WHAT COUNTRY	
			lining Elkho		rn,	, W. Va.			US		
13. FATHER'S	THER'S NAME 14 MOTHER'S MAIDEN NAME										
Wm.	Wm. H. Farley				Flor	ence	Ell Ell	ison			
15. WAS DECI	ASEDEVER IN U. S. ARMED FOR		SOCIAL SECURITY NO	17 INFO	RMANT			Addr	@\$5		
No	(11 / 11 / 11 / 11 / 11 / 11 / 11 / 11			Mrs	Rache	l H.	Far	ley-Ite	m# 2		
18. CAUSE OF DEATH [Enter only one couse per fine for (o), (b), and (c/.)							INTERVAL BETWEEN				
P/	ART I. DEATH WAS CAUSED BY:	610	ente Les	11-0	kutir	inta	n Il	Valeta	·~	1-2	JAT 12
44	443X DUE TO										
Conditi	Conditions, if any, which) as Mya Cardy Xuz										
	gove rise to immediate District										
	lying couse last.										
N P/											
EAT] NO []
20a. ACC OR CONT (IF EITHEI	20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. [Enter noture of injury in Part I or Port II of item 18.)										
(IF EITHE	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
₹ 20c. TIME	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. [City or town) (County) (State)										
20c. TIME	Hour o. m. White Not white foctory, street, affice bldg, etc.) p. m. 19 of work of twork of twork of two										
21. 1 50	21. I certify that I attended the deceased fram. 8-14, 1957, to 9-4, 1957, that I last saw the deceased										
	alive an 2-3 T, and that death accurred at 1.15 M, from the causes and on the date stated above										
	Appress (Street, city or town, stote) DATE SIGNED										
ACTUAL SIGNATU	SIGNATURED Fleet kickett MD 5000 (Como Rd hui let sh Di.										
	PHYSICIAN'S NAME (Type) Wm. Flast Luckett										
220 BURIAL	BURIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OF			ERY OR C					*		
BurTransit 9/6/57 Ferguson				Roanoke Co., Vi				,,Vir	ginia		
	DIRECTOR'S SIGNATURE		ADDRESS		2	24o REC'D	BY REGIST		TRAR'S SIGN		
Dohamt A Thumbwar Dathagda Mamuland . A . ()								7			

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VS A1S [4] 1SM 9/SS

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BUREAU V. S.

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same as Item INTERVAL BETWEEN ONSET AND DEATH PAIT II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLDS WAS AUTOPSY PERFORMED? YES NO (State) (County) 3. 19 27, that I last saw the deceased and that death accurred at 7.7.2. M, from the causes and an the date stated above. DATE SIGNED 22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or rounly) REMOVAL (Specify) Buria Olivet Cemetery Washington 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246 REGISTRAR'S SIGNATURE 240, REC'D BY REGISTRAR Marvaldn DATE 9-4-Pumphrey Robert_A

e. IS RESIDENCE

Hours

Onvs

ON A FARM? YES NO T

Year

1957



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 9665 Reg. Dist. No.). PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. COUNTY **b.** COUNTY GOMERY MARYLAND death b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lowe) MONTHS d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION NORTH YES NO W NAME OF Middle 4. DATE DECEASED (Type or print) DEATH 19 5 within 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED F 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months WIDOWED [DIVORCED [Too. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, eyen if retired) 13. FATHER'S NAME offer 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** couse (o), stating the underlying couse fost. PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATHOUT NOT RELATED TO THE TERMINAL WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, Day, Year 20d. INJURY OCCURRED 20f. (City or town) [County] (Stote) foctory, street, office bldg., etc.) Hour p. n. White Not while of work of work 21. I certify that I attended the deceased from that I last saw the deceased and that death occurred at 12/19 M, from the causes and on the date stated above. alive on L ACTUAL SIGNATUR O PHYSICIAN'S NAME (Type) Wm. 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) may Congressional Washington, D. C. 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Robert A. Pumpirey-Bethesda, Md. VS A15 (4) 15M 9/55

· IBEVN K. E.

SEP 26 1957

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(State)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1819655

		9668 M	IEDICA	LEXAM	INER'S	CERTIFIC	CATE OF	DEATH	Reg. Dist.	No. 214
1,	PLACE OF DEATH	Montgom	ery	and an ale	MARYLAND	2. USUAL RESIDER	aryland		3 C	
ŧ	CITY OR TOWN (II	r Sprin		c. LENGTH OF	-		WN (If outside co		te RURAL and giv	e nearest lown)
(NAME OF HOSPITA 8704	Sundal			oddress)	d STREET ADDI		e Drive	8	ON A FARM.
	NAME OF DECEASED Type or print)	Willia	First Tose	ph Ga	de 11agh€	r	4. DATE OF DEATH	Sept.	6, 195	7 19
5. 5	male	white	WIDOWED		RCED	Apr.	9, 1904		Months Day	ART IF UNDER 24 ITES
,	USUAL OCCUPATION for working the tire	g life, even if retire	d]	ock Ma			Pa	country)	US.	OF WHAT COUNTED
F	FATHER'S NAME [arry Ga]					demonstration of the second		acy		
	ne, er unknown	er in U. S. ARMED (II you give wat at do at Norld Wa	r 11 5	578-46-	42 M	argaret	Gallagh	.er (wi		m 2.
		THE Enter only one I H WAS CAUSED BY IMMEDIATE CAUSE		for (o), (b) and (asion			F	ound dead
	Conditions, if or		(b)						1	h bed.
	gove rise to immed (a), stating the u cause lost) PM SE 7	(c)		-					
CERTIFICATION	PART II, OTH	ER SIGNIF CANT CO	ONDITIONS CO	NTRIBUTING TO	DEATH BUT N	OT RELATED TO THE	TERMINAL DISEA	SE CONDITION O	GIVEN IN PART 1(c	19. WAS AUTOPSY PERFORMED? YES NO
	20a. EXTERNAL CAUPRIMARY D or CONCAUSE OF DEATH.		20b DESCRIBE	HOW INJURY	OCCURRED. (E	nter noture of injury	in Part I or Part I	of Item 18)		J. anom.
MEDICAL	20c TIME OF INJUR		While	NJURY OCCURR	facts	E OF INJURY (Homory, street, office bld	e, farm, 20f. (Cit g., etc.)	y or town)	(County)	(Stote)
	21. I certify the apinion death		~					nspection [Inquiry [
										13

Frank J. Broschart

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

DEFUTY MEDICAL EXAMINER

9/6/57

DATE SIGNED

(Stote)

220 BURIAL CREMATION 226 DATE THEREOF Trans. Burial 9/9/57

22c. NAME OF CEMETERY OR CREMATORY

Spring,

22d LOCATION (City lown, or county)

Pittston, Pa.

23 FUNERAL DIRECTOR'S & GNATURE

ADDRESS

240 REC'D BY REGISTRAR

246. REGISTAR S SIGNATURE

VS A15ME

5

TO DEPUT 4 shr



4961 '01, da. .



966 MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremation, 2, USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) PLACE OF DEATH a. COUNTY O. STATE b. COUNTY Montgomer MARYLAND Maryland burio! b. CITY OR TOWN III owhede corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) and give nearest town) Bethesda DOA Silver Spring director. 0 d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS Suburben Hosp. 12058 Milton St NAME OF 4. DATE Middle Month DECEASED (Type or print) DEATH Sept Garber Sarah 15. Įo. 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH P. AGE (In years 2 with the 3 to the oil birthdoy) WIDOWED-F DIVORCED [7] female unknown after death. 100, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired) pup pe housewife Poland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Maver Barr unknown 40 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Milton St.k S.S., Md. Give Morris Goldstein Same as Item # 2 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: Cerebral vascular Accident IMMEDIATE CAUSE (a) alang with for burial-transit p DUE TO Canditions, if any, which ? Hypertention gove rise to immediate couse **DUE TO** (a), stating the underlying cause last. O Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NALDISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 8 Diabetis (mild) 5 vrs. 200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) PRIMARY | or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) factory, street, office bldg., etc.) Hour Nat while at work at work p. m. 21. I certify that I took charge of the remains described above, held on Autapsy [], Inspection x, Inquiry k, and find that death resulted from: Natural causes x, Accident , Suicide . Hamicide . Undetermined couse [ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE 00 ASSISTANT MEDICAL EXAMINER Ado EXAMINER'S CIIPIT DEPUTY MED CAL EXAMINER NAME (Type) Frank J. Broschart 220. BUR AL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) for REMOVAL (Specify) 0 Burial Beth Sholom Cemetery: Hillside. Maryland 23. FUNERAL DIRECTOR'S SIGNATURE 246 REC'D BY REGISTRAR 246 REGISTRAR S SIGNATURE 3501-14th St., N.W. Wash

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No

Montg.

1957

Months

Day

IF UNDER TYEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

hr.

(Caunty)

VIS.

PERFORMED?

DATE SIGNED

(State)

NO M

(Stote)

U.S.

e. IS RES DENCE ON A FARM? YES NO

Year

Min.

19

VS. A15ME(5) 5M 9/55

MY A NUME

SEP 18 1957

Reg. Dist. No. 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE San Salvador, Embassy of Guatemala YES [] NO P September 16 IF UNDER 1 YEAR IF UNDER 24 HRS Months 12 CITIZEN OF WHAT COUNTRYS Central America The Clinical Center, Bethesda 14, Maryland INTERVAL BETWEEN ONSET AND DEATH-5 KELLIA PERFORMED? YES NO (County) (State) and that death accurred at 5:55 P.M. from the causes and an the date stated above. National Institutes of Health 22d LOCATION [City, town, or county) Guatemala City, Guatemala 246 REGISTRAR'S SIGNATURE 240 REC'D BY REGISTPAR Pumphrev-Bethesda, Maryland

DECENTED

BUREAU V. L.

Fla. Ave. N.W.Wn

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VS ATS (4) 15M 9/5\$

BUREAU V. S.

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1 /		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09653
FOR STATE	P	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 2/4
HEALTH DEPT	1,	PLACE OF DEATH a COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before and nission) b. COUNTY MARYLAND O. STATE M. D. T.
THEOLIE THEOLIE		b. CITY OR TOWN (If outs de corporate limits, write RURAL and give negres) town) one give recercis town)
directed directed and and and and and and and and and an	-	d. NAME OF HOSPITAL OR INSTITUTION (f not in hospital, give street goddress) d. STREET ADDRESS 4. IS RE f ON A FARM?
ov is		NAME OF DECEASED First Middle Q1 Lost DATE Month Doy Year
ony de o the b the after d	5	SEX 6 CO.OR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE 1/200 IF UNDER 14 EAR OF BIRTH 9 AGE 1/200 IF UNDER 14 EAR OF BIRTH 9 AGE 1/200 IF UNDER 14 EAR OF BIRTH 19 AGE 1/200 Magning 10 Magn
fil. If 5 may 3 to 5 may 2 with hours of		male white WIDOWED DIVORCED 2-5-17 40 yrs. Manths Days Hours M'n Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Poge 1 and hin 72	1	during most of working life, even if retired) W. O. M.
Pages Pages Pages Pages	'	Sturl Gibson Burtholore
Give Give Ih form File ony ev		5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (II) yes give wor or doles of serves Ves World War 11 ? 5-13-3626 Mrs. Library (work) The world war 11 ? 5-13-3626 Mrs. Library (work)
d withing and 18.		18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]
l in He lice of ronsit		PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (a)] Cerebral themounting & laceration Sudskin
d be e penci		Conditions, if any, which gave rise to immediate cause (b) Bullet Wound Man Skull (b) DUE TO
ing in ramine as a b		couse losi. (c)
pendical Elical Ecremo		YES NO DE
his cer ward sef Med auld b	2000	CAUSE OF DEATH. Sell inflected fullet wound Thru skull
NER: 1 ng the re Chie e 3 sh		20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f (City or lown) (County) (Sta e) Hour Mulle Not white of work o
XAME Writing d to the R: Pag nt, pri		21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , ond in my opinion death resulted from: Natural causes . Accident , Suicide , Hamicide , Undetermined manner
ICAL I		ACTUAL A CHIEF MEDICAL EVAMINED TO DATE SIGNED
A MED cer e far L DII	4	ASSISTANT MEDICAL EXAMINER
is de	2	NAME (Type)
5 4 5 9	2	Burial 9/18/57 Arlington National Cem. Arlington Virginia Juntal 1 9/18/57 Arlington National Cem. Arlington Virginia ADDRESS 246. REC'D BY REG STRAR 246 REG. STRAR 246
5M 2 57	7	Laurent Pumphriy, Silver Spring, MG 17 1957 Frances Vetter

BOKEVO K. K.

BECEINED

M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

09660	~	1
Dist. No.	3	

		967.	3	CERTIF	FICA	ATE OF DEATH		Reg. D	ist. No.		2/6
	PLACE OF DEATH	Montgomer	У	MARYL	AND	2 USUAL RESIDENCE (Who o. STATE District	of Columb		nce befor	e odmis	sion}
-	b. CITY OR TOWN (f outside corporate limi		c. LENGTH OF STAY I	N 16	c CITY OR TOWN (If or			give nea	rest tow	n)
	Bethesda	egrest lown)		193 days	8	Washingt	on	4 .			
		At (If not in hospital, ç	ive street			d. STREET ADDRESS		-		e. IS RES	SIDENCE
		ical Center	. Bet	hesda 14, 1	d.	4415 Iow	a Street,	N. W.			A FARM?
	NAME OF DECEASED (Type or print)	Ada	<u> </u>	Middle Emma		Gordon	4. DATE OF DEATH	Month eptember	29,		Yeor 1957
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	0 🗆	8. DATE OF BIRTH	9. AGE (li				ER 24 HRS
	Female	Negro	WIDOWE	DIVORCED		June 1, 1896	61		Days	Hours	Mir.
100	during most of work Maid (Cha	king life, even if retired) _	kind of Business or Povernment	INDU:	Washingto	*		U.S.	_	COUNTRY
13	FATHER 5 NAME				-	14 MOTHER'S MAIDEN N.	AME				
	James G.	Wimberley				Josephine	Lewis				
			CES? 16	SOCIAL SECURITY NO.	17 1	NFORMANT The Med	ical Recor	d Address			
'''	No	lit yet, give wor or oales or t	57	9-50-3088	1 2	The Clinical C	enter. Bet	hesda 11	ı, Ma	ryla	and
		ATH [Enter only one co	use per lir	ie for (o), (b), and (c)]					INTE	RVAL BI	ETWEEN DEATH
	Conditions, if a gave rise to i cause (a), stating lying cause lost.	mmediate (DUE TO)	u abdour	NG	Dlizmphous	a type	ii Deloini			
CATION			DITIONS C	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITI	ON GIVEN IN PA	RT 1(a) 1	PERFC	AUTOPSY DRMED?
L CERTIFI	20a. ACCIDENT WAR OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b DESC			D. (Enter nature of injury in P		10 }			
MEDICAL	20c. TIME OF INJUR Hour o.m. P. m.	Y Month, Doy, Ye	While	AJURY OCCURRED Not while of work	20e PL fac	ACE OF INJURY (Home, farm, ctory, street, office bldg , etc.)			(County)		(State)
	21. I certify the	tember 29,	deceas	od framMarch	20 s	1 57 to Se accurred at 7:40 I	eptember 29 M, from the co	9 <u>57</u> that I uses and an	last sa	iw the	decease
	ACTUAL SIGNATURE (COMP), STORE Clinical Center							er		9%	ATE SIGNE
	PHYSICIAN'S NAME (Type)	J. C.Allen,	M. I).			Institute 14, Mary		il cu		
	BURIAL CREMATIC REMOVAL (Specify) UTI & I			Arlington		r crematory tional Come	22d LOCATION (City Arlington,			(Stat	te)
23.	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS	h C	t., N.W. 240. REC'D	BY REGISTRAR 24	REGISTRAR'S S	IGNATU	15/	
B	obert G. 1	McGuire		Tozu st			4 195	Deceia	Th	Am	beon

TO FU VS A15 (4) 15M 9/S5

THE TOTAL N. 8.

JAMERNI.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. E.

SEP 25 1957

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

of in

. IS RESIDENCE

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES NO 12

(Stole)

DATE SIGNED

(Stole

ON A FARM? YES NO I

Year

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Days

(County)

BUREAU V. S.

256 26 1957

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BUREAU V. A.

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within

that the

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. E.

SEP 17 1957

BECENTED

9676 CERTIFIC	ATE OF DEATH Reg, Dist. No. 2	1.6
1. PLACE OF DEATH o. COUNTY Montgomery MARYLANE	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admiss o. STATE DISTRICT OF COLUMNIA	ion)
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lown) Bethesda 6 days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town Washington)
d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION The Clinical Center, Bethesda Ili, Md.	d. STREET ADDRESS 35 E Street, N. W. Apt. 511 ON A YES	FARM?
	Hilts of September 24,	Year 7
Female White WIDOWERS DIVORCED	April 27, 1903 9. AGE (In years IF UNDER I YEAR IF UNDIR START IF UND	Min.
Accounting Clerk Government	Washington U.S.A.	COUNTRY?
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17	INFORMANT The Medical Record Address	nd
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) THE TASTATI	TUMORS OF LUNG. INTERVAL BE ONSET AND 1-24	TWEEN
Canditions, if any, which gove rise to immediate cause (a), stating the under-lying cause last. (b) DUE TO		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B YMY CUS 1 S FUNGO 1012 C 200. ACCIDENT WAS UNDERLYING 1 200 DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING 1 CAUSE OF DEATH	NG ISTIUE HEART FALLURE, CACA YES	AUTOPSY ORMED?
	PLACE OF INJURY (Hame, form, 20f. {City or town} (County) actory, street, affice bldg., etc.}	(State)
	th accurred at 3:00AM, from the causes and an the date state	ed abave
ACTUAL RICHARD K Shaw	The Clinical Center 9/2	ATE SIGNED
PHYSICIAN'S Richard K. Shaw, M. D.	Bethesda lu, Maryland	
Chemoral Goodly 9/26/57 Cedal	Hill H. Geo, Co., M	d-
23 FUNERAL DIRECTOR'S SIGNATURE A ADDRESS /	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	
	DECEASED WITHOUT Give kind of work done during mat of working life, went of per printing of the printing of th	1. PLACE OF DEATH 6. COMYY MONTGORNETY MARYLAND 6. CITY OR TOWN (If conside expressed limit, write BUTLAL and give hearest levels Bethesda 6 days Mashington 6 days Mashington 7. CITY OR TOWN (If conside expressed limit, write Bethesda 6 days Mashington 7. CITY OR TOWN (If conside expressed limit, write Bethesda 6 days Mashington 7. CITY OR TOWN (If conside expressed limit, write EURAL and give hearest form Bethesda 6 days Mashington 7. CITY OR TOWN (If conside expressed limit, write EURAL and give hearest form Bethesda 6 days Mashington 7. CITY OR TOWN (If conside expressed limit, write EURAL and give hearest form Bethesda 11. Mashington 7. CITY OR TOWN (If conside expressed limit, write EURAL and give hearest form The City of provide pro

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09665

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VS A15 (4) 15M 9/55

	9	677	CERTIFIC	ATE OF E	DEATH	ı		Reg. Di	st. No.	2	16.	
1, PLACE OF DEATH o. COUNTY	Montgome	ry	MARYLAND	o. STATE			d lived. If institution by COUNTY	on: Residen	ce before	odmissi	on)	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					D istrict of Columbia c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
Bethesda	earest town)			Wash	ington	a	hope to be	e ·				
d NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, (•	d STREET A					e	IS RESI	DENCE FARM?	
	Resmor	Sanit	orium	6600 Lu	zon A	ve.N.	W.				NO E	
3. NAME OF DECEASED (Type or print)	Fi BD	at LLE	Middle	HOLLANDE	t	4. DATE OF DEATH	Mon	h 57	Doy		fear	
5. SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED	B. DATE OF BIRT			9. AGE (In years	IF UNDER	1 YEAR I			
Female	White	WIDOWI		Dec. 24	, 186	8	last birthday)	Months	Days	Hours	Min.	
100. USUAL OCCUPATION	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR INDE	STRY 11. BIRTHPL	ACE (Stote	or foreign c	ountry}	12 CIT	IZEN OF	WHAT	COUNTRY	
Housewife	king life, even if retired	"		Russ	ia				J.S.	A.		
13. FATHER'S NAME				14. MOTHER'S	MAIDEN N	IAME		,				
Michael Zi	mbarov			Riva	Shapi:	ro						
15. WAS DECEASED EVE		CE\$? 16.	SOCIAL SECURITY NO 17.	INFORMANT			600 Luzon	"Ave.	. N.	W.		
tist, no. or uningwill	(it her' dies mot or goter or :	Herarce)	Ce	cile Hol	lande		sh., 12,		~			
18. CAUSE OF DE	ATH [Enter only one co	ouse per lu							INTER	RVAL BET	IWEEN	
PART I. DE	ATH WAS CAUSED BY:	.)	aprito	Corren	unr	40	celus	Lou	ONSE	TAND	DEATH	
420.1											1	
Conditions, if a	Conditions, if any, which) (b) Oreveary soleroses								16	LOMEO		
gove rise to i	mmediate (08	0/1	7	4-				 ∀		
lying couse lost.	costs (o), storing the under-											
PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PAR		WAS A PERFOR		
	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	205. DES	CRIBE HOW INJURY OCCURR	ED. (Enter noture o	finjury in P	ort I or Por	r II of item 18.)					
20c. TIME OF INJUI	RY Month, Doy, Ye	or 20d II While of wor	Not while fe	LACE OF INJURY (actory, street, office	Home, form bldg., etc.	20f. (City	or town)	(0	County)		(Stote)	
21 1 404 60 1	ant anathod the	deces	ad from 194	7 10	to 9	1221	5-7 10	About 1		Alba	4	
/ 'a	The state of the s											
alivé onZ	XI-A	, Z	and that deat	n accurred at			n the causes a treet, city or lown,	na on II	ne aare		a abave	
ACTUAL SIGNATURE	Jan	71	il/rob	7 .0.	91	5 - 19	th St. N	.W.Wa	sh.D			
PHYSICIAN'S NAME (Type)	Dr. Mau		Protas						Mirale we sjie vik we k	talle with soles wine some year		
220. BURIAL, CREMATIC REMOVAL (Specify		OF .	22c. NAME OF CEMETERY	OR CREMATORY		22d. LOCA	TION (City, town, o	r county)		(Stote)	
Burial	9/21/57		Bnai Israel (Lemetery		0xon	Hill, Md	•		12		
23. FUNERAL DIRECTOR			ADDRESS		24a. REC'I	BY REGIST	RAR 245 98GIS	TRAR'S SIC	SNATURE	1		
B. Danza	nsky & Sons	3	Washington, D	.C.	DATE C	E 10	1. 7 Dec	sie	Tho	ms	Laon	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V.

DECEINED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1876

BUREAU V. E.

259 16 1957

DECENAED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **GAMEDICAL EXAMINER'S CERTIFICATE OF DEATH** FOR STATE Reg. Dist. No. BEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before upm ssion o. COUNTY ector. Page your files. I of Health, o. STATE **b.** COUNTY MONTECOMER MARYLAND MARYT.AND MONTCOMERY h CITY OF TOWN of eats de corpora e Limits wors PUPA. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) and give regrest fount STLVER SPRING STLVER SPRING 2 vears d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS DEAN ROAD 12 822 DEAN ROAD 3. NAME OF Middle DATE First. Month DECEASED TAL BERT GROR GR HITTCHTNSON SEPTEMBER [Type or oriel] DEATH 5. SEX 6. COLOR OR RACE 7 MARRIED TO NEVER MARRIED TO B. DATE OF BIRTH 9. AGE tto vence IF HINDER TYPART IF HINDER 24 MRS. 66 thday Months 26. WIDOWED [T DIVORCED T MAT.R. 100. USUAL OCCUPATION (Give kind of work cane 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 9 70 during most of working life, even if retired) ō THEATRE WASHINGTON. D. C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FRANK S. HUTCHINSON DORA L. WUNDERLICK 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 116, SOCIAL SECURITY NO 117, INFORMANT Address AMRS. GLENN E. FEFNEY.12.823 DRAN RD. S.S. MB. 18. CAUSE OF DEATH | Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: Coronary Occlusion IMMEDIATE CAUSE (a) _ 0. DUE TO Canditions, if ony, which gave rise to immediate cause DUE TO (a), stating the underlying couse fast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Fort II of Item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, i 20f (City or fawn) (County) factory, street, affice bldg , etc.) Hour e.m. White Not while of work of work D. III 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . opinion death resulted fram: Natural causes Accident . Suicide . Homicide . Undetermined manner ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S BROSCHART DEPUTY MEDICAL EXAMINER NAME (Type) 220 BURIAL CREMATION, 1226 DATE THEREOF 22¢ NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or county) REMOVAL (Specify) CONGRESSIONAL CEMETERY WASHINGTON.

ADDRESS

246 REGISTRAR S SIGNATURE 24o. REC'D BY REGISTRAR

IS RESIDED ON A FARM

Hours

NYTEVAL SETVICEN

bed

Found de

PERFORMED? NO TO

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and in my

DATE SIGNED

(State)

22. 1957

U. S. A.

YES TO NO TO

57

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BUREAU V. Z.

VS A15 (4) 15M 9/55 To a

MARYLAND S	TATE DEPAR	TMENT OF H	EALTH-BALTIMO	RE, 18
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CERTIFICATE OF DEATH

09669

		903	H.J.	GEITTI		•				Reg. Dist	. No.	KIL
1, 1	LACE OF DEATH					2 U	SUAL RESIDENCE (Whe	re deceased			e before o	odmission)
°	COUNTY	gomery		MARY	'LAND	٥	STATE Maryla	ind	b. COUNTY	Montg	omer	'У
t	. CITY OR TOWN (If o		ts, write	c LENGTH OF STAY	IN 15	C	CITY OR TOWN (If ou	itside corpo	rate limits, write Ri	URAL and gi	ve negres	it town)
]	Bethesda IL		id.	69 days			Bethes	sda				
0	NAME OF HOSPITAL	(If not in hospital, g	ive street	oddress)		-	STREET ADDRESS				a, i	IS RESIDENCE ON A FARM?
TI	ne Clinical	Center,	Beth	esda 14, M	i.	1	4334 East	West	Highway			ES NO NO
	IAME OF	Fir	şt	Middle			Lost	4. DATE OF	Mon	lh	Day	Yeor
	Type or print)	Robert	(No 1	middle name	a)	J	acobsen	DEATH	Septe	mber 5	,	19 57
5. 5	EX 6	. COLOR OR RACE	7. MARE	IED NEVER MARRI	ED 📉 E	DA	TE OF BIRTH		9. AGE (In years last birthday)			UNDER 24 HRS
	Male	White	WIDOWI	ED DIVORCE	D 🔲	Se	ptember 26,	1945	il yn	Months £	Days H	lours Min.
10a.	USUAL OCCUPATION during most of working	(Give kind of work of his even if retired	done 10b		OR INDUS	TRY	11. BIRTHPLACE (State o	or foreign co	ountry)	12. CITIZ	ZEN OF V	WHAT COUNTRY?
	Student			None			New Jers	sey		Ţ	J.S.A	1.0
13	ATHER'S NAME					14.	MOTHER'S MAIDEN NA	AME				
	Charles	J. Jacob	sen				Bess S					
	WAS DECEASED EVER II	N U S ARMED FOR		SOCIAL SECURITY NO			MANT The Medi					
L.	No			None	Th	1e	Clinical Co	enter	Bethesd	a 14,	Mary	yland
	IB. CAUSE OF DEATH		use per li	ne for (o), (b), and (c).	11		Λ					AND DEATH
П	PART I, DEATH	WAS CAUSED BY: MMEDIATE CAUSE (o	, <u>C</u>	inelisat	N2	1.7.	1 miles				1	fa.
П	104.0	DUE 10	,	p p	,	A	4. 9	1	4		1	
П	Conditions, if any		<u>u</u>	cull 7	my	4	ale den	hen	mer		6	mo
	gave rise to imm cause (a), stating the	\ DIETA)		,							
-	lying cause last.) (c			·							
CATION	PART II OTHER	SIGNIFICANT CON	IDITIONS (CONTRIBUTING TO DE	ATH BUT	NOT	RELATED TO THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PART	1(o) 19.	WAS AUTOPSY PERFORMED?
FICA			T								YI	ES NO
CERTIFI	200 ACCIDENT WAS I OR CONTRIBUTING E (IF EITHER, NOTIFY MI	CAUSE OF DEATH	706 DES	CRIBE HOW INJURY O	ICCURRED) (Ent	ter noture of injury in Po	oft Lot Pari	fif of item (B)			
MEDICAL	20c. TIME OF INJURY Hour a. m.	Month, Day, Yes		NJURY OCCURRED	20e PLA	ACE O	F INJURY (Home, form, street, office bldg., etc.)	20f (City	or town)	(Cc	ounty)	(State)
MED	p. m.	19	While of wor	k at work								
	21. I certify that	I attended the	deceas	ed from June	28		, 19 57, to Ser	otembe	er 5, 1957	that I le	ast saw	the deceased
	olive on Septe	mber 5,	12_			occi	urred of 7:45a					
	\wedge		-	, ,			A	ADDRESS (SI	treet, city or tawn,	tiole]	-	PATE SIGNED
	ACTUAL SIGNATURE	ine 12	+	Surveye		M.D	The Clinic	cal Ce	enter			1/5/5/
	PHYSICIAN'S T	ane R.Bog		vr 60			National 1	Instit	tutes of	Health	h ·	
	NAME (Type)	ans R. Pog	Re'	1. 2.			_Bethesda_	Lla Pé	aryland			
220	BURIAL, CREMATION, REMOVAL (Specify)	225 DATE THEREC)F	22c. NAME OF CEM		R CRE	MATORY	22d LOCA	TION (City, fown, o	or county)	1	(Stote)
6	wine	1/6/5	/	Vid Jeta	non			noe	un /	le so	141	sur
23	EUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	15	VI	24a. REC'D		RAR 245 REGIS	STRAR'S SIGI	NATURE	11
Pos	, Ne angol	notus +	son	2 35011	14 %	17	11,W, DATE 9-	-7-5	1 1000	esie I	1. Hu	orupson

DECENAED.

7201 6 932

2 .V UAZE

9681 **CERTIFICATE OF DEATH** Reg. Dist. No. director 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) 1. PLACE OF DEATH o. COUNTY Fled b. COUNTY MARYLAND eral b. CITY OR TOWN (If ourside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) å RURAL and give negrest town! P d NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES | NO 1 NAME OF 4. DATE Middle lost Month Day Yeor DECEASED DEATH (Type or print) 19 3 9. AGE (If years 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lost birthdoy) Months Days DIVORCED T WIDOWED 19 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician 2 hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT Address 16 SOCIAL SECURITY NO. ottending INTERVAL BETWEEN 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), orld (c) PART I. DEATH WAS CAUSED BY Dan MMEDIATE CAUSE (o) 24.0 **DUE TO** á Conditions, if ony, which gove rise to immediate DUE TO cours (o), stoting the underlying cours lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THREE SIGNIFICANT CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO D 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED (Enter, nature of injury in Part I or Port II of item 18) 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20f (City or Jown) (Stole) (County) Not while foctory street, office bldg., etc.) 955 Hour of work of work 21. I certify that I attended the deceased from ..that I last saw the deceased alive an_ , and that death occurred Oit. from the causes and on the date stated above. 8 ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE DIREC PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATION, 226. DATE THEREOF 226-NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) Burial Specify) Sept.21 Nr. Brinklow, Woodside Cemetery Mont 0 23. FÜNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE DATE 15M 9/55

certificate

requires that the

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. S.

DECENAED

hours after death

within 24

certificate

that the deoth

HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

OBVER 11 1957

S 'A NYEW A' &

within

O HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. 2.

2EP 26 135.7

BECEINED

09673 9684 **CERTIFICATE OF DEATH** Reg. Dist. No. 2/6 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) COUNTY o. staryland b. COUNTY Montgomery MARYLAND Montgomery b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL pod give aparest lown)
Betnesda Rethesda d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS B. IS RESIDENCE 6200 Bradley Blvd. 6200 Bradley Blvd. YES NO 1 NAME OF 4. DATE Sept. 17. 1957 DECEASED JOLLEY EDWARD \mathbf{M}_{-} (Type or print) 19 5. SEX 6. COLOR OR RACE 9. AGE (In years gas birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED M NEVER MARRIED 8. DATE OF SIRTH Male White Aug. 2, 1877 WIDOWED | DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Ret. Contractor Building New York US corbon offer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 214-18-1720 Robert H. Smith-Item # 2 No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) **DUE TO** permit. Conditions, if any, which gove rise to immediate **DUE TO** cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS WAS AUTOPSY YES IN NO [200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o. n. While Not while p. m. of work | of work 19 57, that I lost saw the deceased 21. I certify that I attended the deceased from detached I and that death occurred at 10:04 M, from the causes and an the date stated above. olive on ADDRESS (Street, city or town, state) ALC: UNK SIGNATURE P 2 3 Stephen N. Jones **PHYSICIAN'S** NAME (Type) 22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Burial (Specify) 9/19/57 Parklawn Rovkville, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS. 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Robert A. Pumphrey-Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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DIRECTOR:

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18(1)885

CERTIFICATE OF DEATH 9686

00	<u> </u>	net.	J. Dist. No.
o. COUNTY Montgomery	MARYLAND	2 USUAL RESIDENCE (Where deceased lived if institution: Re o. STATDISTRICT OF COLUMN PATY	sidence before admission)
b CITY OR TOWN (If outside corporate limi RURAL and give nearest town) Bethesda	is, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL Washington ; "	and give nearest fown)
d. NAME OF HOSPITAL (If not in hospite), g OR INSTITUTION The Clinical Center,	Bethesda 14, Md.	, d. STREET ADDRESS 5308 Falmouth Road	e, IS RESIDENCE ON A FARM? YES NO PA
3 NAME OF Fir OECEASED (Type or print) John	Timothy	Kennedy OF September	er 11, 1957
5. SEX 6 COLOR OR RACE White	MARRIED NEVER MARRIED NO WIDOWED DIVORCED	April 14, 1954 9. AGE (In years left) April 14, 1954 9. AGE (In years left) Mor	NDER 1 YEAR IF UNDER 24 HRS nths Days Hours Min.
100 USUAL OCCUPATION (Give kind of work of during most of working life, even if retired NONE	done 106. KIND OF BUSINESS OR INC	Washington, D. C.	2. CITIZEN OF WHAT COUNTRY U.S.A.
James J. Kennedy		Julienne Fenske	
15. WAS DECEASED EVER IN U. S. ARMED FOR [Yes no. or unknown] [II yes, give wer or doles of a		Informant The Medical Record Address The Clinical Center, Bethesda 1	4, Maryland
18 CAUSE OF DEATH [Enter only one co PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o		al hemorrhage	onset and death 5 hours
Conditions, if any, which by gove rise to immediate	Thrombocytopen	ia	1 month
tying cause lost.	Acute Lymphatic	c Leukemia	6 months
Staphylococca	,	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART I(a) 19. WAS ALTOPSY PERFORMED? YES NO
	20b. DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in Port I or Port II of ilem 18)	
20c TIME OF INJURY Month, Day, Yee Hour o. m. p. m 19	ar 20d INJURY OCCURRED 20e While Not while of work of work	PLACE OF INJURY (Home, form, foctory, street, office bldg , etc.)	(County) (State)
21. I certify that I attended the alive an September 11,	2, 2, and that dea	th accurred of 10:15A M, from the causes and of the Clinical Center M.O. National Institutes of Hea	on the date stated above
220. BURIAL, CREMATION, 22b. DATE THERECO BURIAL CREMATION, 22b. DATE THERECO			4
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	National Arlington, Va	
Robert A. Pumphrey	y-Bethesda.Mary	E H 3 7 8 9 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	is Thombre

BUREAU V. R.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DECEIVED

THEYN K. 2

9688 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institutions Residence before admission) a. COUNTY filed b. COUNTY MARYLAND Marvland Montgomery b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) Chevy Chase plants Bethesda (Rural 4 mos.16 days d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE U.S. Naval Hospital, Bethesda, Md. ON A FARM? 5604 Montgomery Street YES NO K NAME OF Middle Last 4. DATE Year DECEASED DEATH September (Type or print) Charles Burrows LANMAN 1957 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS rthday) DIVORCED [7] WIDOWED [April 1909 Male White 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) (Retired U.S. U.S. Navy Washington. D. C. Mariner 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 5 Anna Burrows Maurice LANMAN WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address Official Navy Records Yes WW-II 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART T(a) 19. WAS AUTOPSY PERFORMED? YES TO NO 200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) foctory, street, office bldg, etc.) While Nat while at-wark at wark 1957. 27 Sept. 21. I certify that I attended the deceased from 19 May ... 19_57, that I last saw the deceased .1., and that death occurred at 11:15PM, from the causes and on the date stated above alive on 27 Sept ADDRESS (Street, city or town, state) ACTUAL DIRECT U.S. Naval Hospital. Bethesda, Md. 9-28-57 ø PHYSICIAN'S Thirl Jarrett, CAPT, MC, USN U.S. Naval Hospital, Bethesda, Md. HOSFIT BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) 5.5 Arlington Nat'l Cemetery Arlington, Virginia 0 HYPRAL PRECTONS, SIGNATURE ADDRESS 240. REC'D BY REGISTRAR JUNE REGISTRAR'S SIGNATURE 9-28-57 Wisconsin Ave .. Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



7			MARYLAN	ND STATE DEF	PARTME	NT OF HEALT	H-BALTIMORE	, 18	9676
6			9639	CER	TIFICA	TE OF DEAT	Н	Reg. Dis	I. No
	PLACE OF o. COUNTY	M O	NTGO	MERY W	ARYLAND	USUAL RESIDENCE (V	PHERE deceased lived If inst PHERE December 11 December 2011 December 2		e before admission) VTGPMEA
5	b. CITY OR RURAL o	TOWN (If outside cond give nearest town) _	c. LENGTH OF ST	AY IN 16	c CITY OR TOWN (III	outside corporate limits, wri	te RURAL and go	ve nearest town)
j.,	d. NAME C OR INST	F HOSPITAL III not i	7 2/ /	reet oddress)		d. STREET ADDRESS	HINGTON) (e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or pr	n) PAULI	Fint NE	V ^{Mid}	dle	LEITCH	I	Month	Day Year 24 1957
	SEX FEMI	BLE WH	+1 TE WID		CED 🔲	PUE 12		ors IF UNDER 1 Y) Months (
~ ' L		3/1/0/	nd of work done en if retired)	BANK O	S OR INDUSTR	7. 1 1 7	NASP - DC	12. CITIZ	LI, SA.
	. FATHER'S I	JULIU:	S VIE	EDT		14. MOTHER'S MAIDEN			
	es, no. or unkno	ASED EVER IN U.S.	ARMED FORCES? or or dates of service)	577-14-9	103 M	PS FRANCE	DALGHTER.	16 20	FULLER S
	PA	RT I. DEATH WAS C		er line for (o), (b), ond -EREBR		HEMO,	RRHAGE		INTERVAL BETWEEN ONSET AND DEATH
		ms, if ony, which		TENERA.	1126	D ARTE	ERIOSCLERO	515	10 year
	couse (o)	stoting the <u>under-</u> use lost.	DUE TO	DIABE	-	M	ELLITUS		1 year
0							AINAL DISEASE CONDITION		1(o) 19. WAS AUTOPSY PERFORMED? YES NO
		DENT WAS UNDERLY RIBUTING CAUSE NOTIFY MEDICAL E	OF DEATH XAMINER)	DESCRIBE HOW INJURY			Part I or Part II of item 18.)		
	20c. TIME (OF INJURY Month, e. fi. p. m.	W	d. INJURY OCCURRED hile Not while work of work	20e. PŁAC factor	E OF INJURY (Home, far y, street, office bldg., et	m, 20f. (City or town)	(Co	ounty) (State)
	21. I ce alive or	tify that I atte	Au z		dy at death o	., 19. <i>50</i> , 10.5 ccurred at //.º44	24M, from the cause	57, that I lo	ist saw the deceased a date stated above.
1	ACTUAL	Joh	n E.	Enerett	м.	9400	ADDRESS (Street, city or to	vn, stote)	NSING TON
	PHYSICIAI NAME (Ty	po)	m E. E						M
	REMOVAL	(Specify)	ATE THEREOF	Prospe	ct Hi	rematory L'em.	2d. LOCATION (City, low Washingto	n, or county)	(Slote)
2	TKO	S-N-H	nes 6	2901 14A	that IN a	S TAPES	2 0 19571	GISTRAR'S SIGN	Z12 + m. peb
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UREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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DECENTED SEC

BUREAU V. S.

1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1809678	
- //	Ł	9690 CERTIFICATE OF DEATH Reg. Dist. No. 2	16
director	1.	PLACE OF DEATH a COUNTY Montgomery Maryland 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before adm o. STATE b. COUNTY District of Columbia	rission)
Id be (b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest to RURAL and give nearest town) Bethesda C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest to RURA	wn)
by the 1 12 show		d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS R ON INSTITUTION	ESIDENCE A FARM?
	3.	NAME OF First Middle Lost 4. DATE Month Day OF Clype or print) Mayers Fill an Mathelia 1. Day OF DECEMBER 1. DATE Month Day OF DEATH	Yeor
. Page	5.	Sex 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lif UNDER 1 YEAR IF UN House bord Months) 57 yrs 157	
rbon papers. Pag	10	00 USUAL OCCUPATION (Give kind of work done of the following life, even if retired) 12 CITIZEN OF WH.	AT COUNTRY?
afler d	13	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
physician remave car 2 hours aft	{Y	S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) [If yes, give wor or dotes of sorvice) Address	
please within 7		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Left neminales (a), Squere ONSET AN	BETWEEN OD DEATH
signed by the		DUE TO Conditions, if any, which gove rise to immediate couse (a), stating the under- lying couse lost. DUE TO (c) Arteria 50 (FROSIS	ut
rial-tran	CATION		S AUTOPSY FORMED?
thicole is the bu n, or re	AL CERTIFI		
this cer ar use a rematia	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. pt. While Not while of work of work of work of work of work	(Stote)
R: After lached fo burial, o		21. I certify that I oftended the deceased from 1947, to 50120, 1952, that I lost saw the alive on 520120, ond that death occurred at 6201M, from the causes and on the date states.	ted above.
JARECTO d be ded prior to		ACTUAL SIGNATURE SUMMED BOARS M.D. 3921 Ingomats My 9	DATE SIGNED
distror p		PHYSICIAN'S Stewart Clapp Wash D.C.	
Page the reg	L	Burial 9/23/57 Oak Hill Washington, D C	lote)
15 (4) 9/55	23	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR'S SIGNATURE DATE 9-21-57 Beagin M. Hor	npan

BUREAU V. S.

DECENDED LEGISTER

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9691 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived of institution: Residence before admission) a COUNTY **b** COUNTY MARYLAND Montgomery Marvland Montgomery b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Bethesda 14, Maryland Silver Spring d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE or institution the Clinical Center, Bethesda 14, ON A FARM? The 619 Mississippi Avenue YES NO K NAME OF Middle 4. DATE Year DECEASED Melvin Daniel Mac Cool DEATH 195 (Type or print) September IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6. COLOR OR RACE 7 MARRIED KNEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years (gs) b'rthday) October 21, 1904 Male White WIDOWED [7] DIVORCED | 10a, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Electronic Specialist Illinois Aircraft U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Daniel Mac Cool Celeste Hoffman The Medical RecordAddress 15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 100000014LASECUROY, 1000000017. INFORMANT Yes The Clinical Center. Bethesda lh. Maryland availabl 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (a), stating the underlying couse lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS Y PERFORMED? 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) MIDICAL 20e PLACE OF INJURY (Home, form, 20f (City or town) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED (State) {County} factory, street, office bldg , etc.) Hour o.m. Not while of work of work 21. I certify that I attended the deceased from September 14, 19.57, to September 1519.57, that I last saw the deceased 19 57 ___, and that death accurred at Joseph M, from the causes and an the date stated above. DIRECTOR: ADDRESS (Street, city or town, state) ACTUAL SIGNATURE The Clinical Center pino National Institutes of Health PHYSICIAN'S John R. Gill, M. D. NAME (Type) Bethesda 1/1. Maryland 220 BURIAL, CREMATION, 226. DATE THEREOF 22d LOCATION (City, fown or county) 22c. NAME OF CEMETERY OR CREMATORY 5 REMOVAL (Specify) Virginia ington, 9 23 FUNERAL DIRECTOR'S SIGNATURE 240, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/55

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-		ENT OF HEALTH—BALTIMORE, 18
1	MEDICAL EXAMINER	S CERTIFICATE OF DEATH Reg. Dist. No. 2/6
1.	PLACE OF DEATH O. COUNTY Montgomery Maryland	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission of STATE Manyland b. COUNTY Montg.
	b. CITY OR TOWN [If outside corporate limits, write RURAL and give hearted form) Bethesda 8 days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X 2. Bethesda
74	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Suburban	d. street address 7816 Aberdeen Rd. o. is reste
3.	NAME OF First Middle DECEASED (Type or print) Sully Burbank Maize	Losi 4. DATE Month Day Year OF DEATH Sept. 28, 1957 19
S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 Male white widowed 1 Divorced 1	
/ /-	usual Occupation (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIBUTION OF BUSINESS OR	
I)	FATHER'S NAME William R. Maize	14. MOTHER'S MAIDEN NAME Fannie L. Burbank
	WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wor or dates of service) None	NFORMANT Address Hosp. Record
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Resperatory F-1	lure Interval Between ONSET AND DEATH
1	A BULL TO	ure of C 7 with compression of cord
C CALION		NOT RELATED TO THE TERM-NALDISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUT PERFORM YES [3] N
CEXI	CAUSE OF DEATH. Fell down stairs a	
15.	Hour a.m. While Not while took at work at work	CE OF INJURY (Home, form, 20f. (City or lown) (County) (ory, street, office bldg., etc.) **Record of the county o
	21. I certify that I took charge of the remains described about death resulted from: Natural causes, Accident 🔀, Sui	
	SIGNATURE Trush J. Browshort	_M.D. CHIEF MEDICAL EXAMINER [] ASSISTANT MEDICAL EXAMINER []
	NAME (Type) Frank I Broschart. 8 UR AL, CREMATION, 72b. DATE THEREOF 22c. NAME OF CEMETERY OR	DEPUTY MEDICAL EXAMINER Sept 29 1957 CREMATORY 22d. 10CATION (City, town, or county) (Store)
	Cremation 10/2/57 Cedar Hill FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Suitland, Md.
· _	Robert A. Pumphrey-Bethesda, Md.	DATE/0-1-57 Bessie M. Herry



BUREAU V. S.

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	9693 CERTIFICATE OF DEATH 1968 1 Reg. Dist. No. 276
I director	1. PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) b. COUNTY MARYLAND
0 0	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) CERMANTOUN Congress town) Congress town Congress town
by the fun	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION MARYLANDER REST HOME a. 15 PESIDENCE ON A FARM? YES \(\text{NO BR} \)
	3. NAME OF DECEASED (Type or print) ELEANOR LOUISE MALENTEANT DEATH Supt. 4 1957
s. Pages	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. In years If UNDER 1 YEAR IF UNDER 24 HRS. In years If UNDER 1 YEAR IF UNDER 24 HRS.
d complet	10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Auring most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 13. ST. LOUIS. MISSOURÍ 2. S.A.
icion and e corban rs offer de	13. FATHER'S NAME HENRY J. Bay MAN Caroline C Prosse
phys mov hour	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (18. No. or unknown) If you give wor or dotes of services WW-I By DEGEASED - Prior Cirrangemento.
the attending Then please re rent within 72	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Care in many 17 rection = generally materials DUE TO
ion. In signed by mail permit.	Canditions, if any, which gave rise to immediate carse (a), stating the <u>under-lying cause last.</u> Column (b) DUE TO
physician as been s ial-transit iaval, and	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING OCCURRED, (Enter nature of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING OCCURRED, (Enter nature of injury in Part 1 or Part 11 of item 18.)
ficate h	
his certification was as	20c. TIME OF INJURY Manth, Doy, Year Hour a. m. 19 While Not while at work at
TOR: After I TOR: After I detached for Ia burial, cri	21. I certify that I attended the deceased from I 1957, to 2975. 1957, that I last saw the deceased alive an Jugust 30, 1957, and that death accurred at 4:46.4 M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED
DIREC Asold be trar prior	PHYSICIAN'S JAMES P. KERR
may be FUNS page 37st the registr	220. BJRIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) BURIAL 9-9-57 arlington Natl. Cem Collinaton Va
VS A15 (4) 15M 9/56	23. FUNERAL DIRECTOR'S SIGNATURE VOL 2224-Wis an DC DATE 9-18-57 Bessel M Showper

BUREAU V. S.

SEP 22 1957

		MARY	LAND 5	TATE DEPARTA	NENT OF HEALTI	H—BAL	TIMORE, 1	8 0.0	682)
,		9694		CERTIFIC	ATE OF DEAT	Н		Reg. Dist, No		214
1.	o. COUNTY (/)	ry Coun	ty.	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Maryla		d lived If institution b. COUNTY	on Residence before Montgome	ore odmiss	ion)
	RURAL and give	M (If outside corporate limite neorest town) er Spring	ts, write c	3 months	c. City or town (if					1)
	d. NAME OF HO OR INSTITUTION	SPITAL (If not in hospital, gon Jeffry Stree		iress)	d. STREET ADDRESS 3903 Jefffr	y Stre	eet			FARM?
3.	NAME OF DECEASED (Type or print)	William	ਸ਼ ਹੈ•	Middle Markaker	Lost	4. DATE OF DEATH	Sept abo	h D		Ynor
5	sex Male	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED DIVORCED	Sept. 1, 18			Months Days		
10	during most of	ATION (Give kind of work working life, even if retired	dane 10b. KIN	OF BUSINESS OR INDI	Pennslyve	or foreign co		U.S.	OF WHAT	COUNTRY
13	Edward		1		14. MOTHER'S MAIDEN I	_				-
150	WAS DECEASED	EVER IN U. S. ARMED FOR	envire):	CIAL SECURITY NO. 17.	INFORMANT Vera Marbaker		Add		ver	Sprin
)	gave rise to couse (o), state lying couse to	ing the under-)	ITRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE	E CONDITION GIV	EN IN PART 1(0)	PERFO	AUTOPSY RMEDZ, NO [-]
MEDICAL CERTIFIC	20a ACCIDENT OR CONTRIBUT (IF EITHER, NO' 20c. TIME OF IN Haur a. p.	that I attended the	or 20d. INJU While of work	RY OCCURRED 29e. P	ACE OF INJURY (Home, form, street, office bldg., etc., 19, to_Se	20f. (City	or town)	(County)	out the	(Stote)
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requires that the death certificate be executed within 24 hours after death

ATTENDING PHYSICIAN: The

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Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY Montgomery **b.** COUNTY MARYLAND Pennsylvania b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town) RURAL and give nearest town! 24 days Darby Bethesda (Rural) d STREET ADDRESS d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE U.S. Naval Hospital, Bethesda, Md. ON A FARM? 15 North 10th Street YES TO NO TO NAME OF 4. DATE Middle Month Yeor OF DEATH DECEASED September 10 57 MARTIN (Type or print) Arthur Leon IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED XX B DATE OF BIRTH 5. SEX 9. AGE (In years lost b rthdoy) Months DIVORCED [6 February 1935 WIDOWED [Male Negro 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S. Pennavlvania U.S.Marine Corps Mariner 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Florence Jackson Soloman C. MARTIN 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 14 SOCIAL SECURITY NO. 17. INFORMANT Address (Mother) Mrs. Florence Jackson (Same As #2) Yes Currently 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH (see cendeterminal) PART I. DEATH WAS CAUSED BY: ansellinend IMMEDIATE CAUSE (o) OU IX **DUE TO** Conditions, if ony, which (b) gove rise to immediate DUE TO cause (a), stating the underlying cause fost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)] 19. WAS AUTOPSY PERFORMED? YES TOL NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 18.) 20e PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. Day, Year 20d INJURY OCCURRED (Stote) (County) factory, street, office bldg., etc.) Hour While Not while of work of work p. m. 19.57, to 27 Sept., 19.57, that I last saw the deceased 21. I certify that I attended the deceased from 3 Sept. Sept. , and that death accurred at 4:05P.M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) U.S. Naval Hospital. Bethesda, Md. 9-28-57 ACTUAL SIGNATURE PHYSICIAN'S John W. TROY U.S. Naval Hospital, Bethesda, Md. . LCDR. MC. USII 220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown or county) (State) BurlaL Union Hill Cemetery Kennett Square Pa. 246, REGISTRAR'S SIGNATURE Maryland 240. REC'D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE 246 N. Wash. Ave., Rockville, DATE 9-28-57

MEGELIVEL Set I Toc

	. 9607 CERTIFIC	ATE OF DEATH Reg. Dist. No. 223
[84] T.	PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE Maryland b. COUNTY
3).	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) This was a superior of the corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town)	c. CITY OR TOWN of outside corporate limits, write RURAL and give nearest town)
	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION OR INSTITUTION	d STREET ADDRESS & SOO BUSCHWARD POR ON A FARM? VES NO D
3.	NAME OF DECEASED (Type or print) Baby KAREN L.	McCRARY 4. DATE Month Day Year OF DEATH 9 18 1957
\$.	SEX 4. COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. Min.
7	to USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	USTRY 11 BIRTHPLACE (Store of Foreign country) 12. CITIZEN OF YHAT COUNTRY DARMS Palk. Md U. J. a.
13	Vernon Mc Cury	14. MOTHER'S MAIDEN NAME
15 (1	(et. no or unknown) (If yes, give wor or dotes of service)	LE Mc Crary, (Same or #2)
	18. CAUSE OF DEATH [Enter only and couse per line far (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	culen reciler ONSET AND DEATH
	Conditions, if ony, which)	to cerelas simocular delect
	gave rise to immediate couse (a), stating the under lying couse last. DUE TO	int
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ner to	20g. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED (Enter nature of injury in Part I or Part II of stem 18.)
MEDICAL	20c YIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED Hour a. m. While Not while p. m. 19 of work of work	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.)
	21. I certify that I attended the deceased from 9/3 alive an 9/8/11. 19 57, and that deal	th accurred at 8:40 M, from the causes and an the date stated above
	ACTUAL SIGNATURE MANN & MONSON	ADDRESS (Street, city or town, stote) DATE SIGNE 9/10/3
5	PHYSICIAN'S MARVIN I. MONES.	SILVER SPRING. MD
27 27	BURIAL, CREMATION, 224. DATE THEREOF 224 NAME OF CEMETERY, BEMOVAL (Sporty) Scal 20, 1957 HEMAL Wash	or crematory 22d LOCATION (City John, or Equally) (State)
23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS A Cruhus Walley, 254 Carrall AV X	240 LO C DATE 4 23/57 246 RECISTER SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUTEAU V. R.

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	OCOC STA	HE DEPART	MENT OF HEALTH	I—BALTIMORE,		
C.	9696 erebrovascular accident	CERTIFIC	ATE OF DEATH	1	()9685	, 179
	PLACE OF DEATH		2 HELIAL CREMENTS ON		Reg. Dist. No. 2	-1/-
1	COUNTY TO THE	MARYLAND	o. STATE	ere deceased lived If institut	Sea / -	
	b. CITY OR TOWN (If outside corporate limits, write c. LET	NGTH OF STAY IN 16	c. CITY OR TOWN UP o	white corporate limits, write f		led Dolly
	RURAL and give nearest town)	1 mouth	Rocku	R 4	TO THE OWNER OF THE WOOD	,
	d. NAME OF HOSPITAL (If not in hospital, give street oddress OR INSTITUTION)	1 / 100/14	d STREET ADDRESS	7116	e. IS	RESIDENCE N A FARM?
B	rooke Grove Foundo	it:on	610 m	or roe St		N A FARM?
	NAME OF DECEASED (Type or print) First Carty	Edith	mi gregar	4. DATE OF DEATH SED	t. Day	Year 19.377
5. 5	EX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yeors		
	F WIDOWED IL		nov. 30-188	y lost birthdoy)	Months Days Ho	urs Min.
100	. USUAL OCCUPATION (Give kind of work done 10b. KIND (during most of working life, even if retired)	OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Slote	or foreign country)	12 CITIZEN OF W	HAT COUNTRY
	touse wite OWN	LHOME	Kirwin.		usa	,
13/	FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME		
	dee cumpbell		UM Obte da	. Campbell		
. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give wor or victor of service) 5 35	-01 -7377A	osp:tal Re	cords and I	oug le fer	~
	1B. CAUSE OF DEATH [Enter only one couse per line for (0), (b), and (c).]		20:01	INTERYA	HETWEEN D DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	CACPA	vascular	mokras 201		Jays.
	L. DUE TO	-	.00	.01.	1 1	
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	cause (o), stoting the under. DUE TO					
z	lying couse lost. (c)	0 1				
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MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY of Howr a. jn. White N	lot while	PLACE OF INJURY (Home, form, actory, street, office bldg., etc.	20f. (City or town)	(County)	(Stole)
¥	p. m. 19 at work o	work				
	21. I certify that I attended the deceased from		192_1, to	15	.,that I last saw t	
	alive on 123	_, and that deat	h occurred at 7.30.4			lated above
	ACTUAL SIGNATURE		- <	ADDRESS (Street, city or town,	state)	OI OI
	SIGNATURE		M.D	and sum	M	-11-11
	PHYSICIAN'S C. H. L 140	N.			~X.	. ,
220	BURIAL CREMATION, 22b. DATE THEREOF 22c. I	NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, fown,	or county) (Stole)
22	Burial 9/11/57	Parklav		Rockville	Maryland	1
Ł.		ADDRESS 1		BY REGISTRAR 24b. REGI	STRAR'S SIGNATURE	9- 1
IR.	obert Al Pumphrey Be	thesda, N	Varyland DATE 7	-11-37 der	crude W ,	Laure

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 9697 Reg. Dist. No. 2/6 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Florida b. COUNTY Montgomery MARYLAND - OL b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) should Bethesda davs Key Biscayne d. NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS e. 15 RESIDENCE OR INSTITUTION ON A FARM? The Clinical Center, Bethesda 14. Md. 796 Glenridge Road YES NO P NAME OF Middle Last 4. DATE Month Day Year DECEASED OF DEATH McNally September 57 (Type or print) Larry Jerome 0. 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TO 5. SEX 8. DATE OF BIRTH 9. AGE (in years IF UNDER I YEAR IF UNDER 24 HRS lost birthday) Months Days Male White WIDOWED | DIVORCED [December 17. 1947 popers. yrs. COMP 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Student None Florida U. S. A. pup pou 13. FATHER'S NAME ofter 14. MOTHER'S MAIDEN NAME Jerome W. McNally Marjorie Mitchell 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 14. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record Address No None The Clinical Center, Bethesda ll. Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ₽ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Acute aortic insufficiency, operative DUE TO á Ventricular septal defect and pulmonic stenosis permit. Congenital Conditions, if any, which signed gave rise to immediate **DUE TO** cause (a), stating the underlying cause lost. buriol-transit CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. PERFORMED? YES RO NO 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) WEDICAL 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED Day, Year 20e. PLACE OF INJURY (Home, farm, 120f. (City or town) (County) (Stote) 0. [1. factory, street, office bldg., etc.) While Nat while at work 🔲 of work 21. I certify that I attended the deceased from September 3. September 619 57that I last saw the deceased and that death occurred at 1:20p M, from the causes and on the date stated above. alive on September ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL The Clinical Center 6 o Institutes of Health ā 20 **PHYSICIAN'S** JAMES A. MC FARLAND, M. D. Bethesda lk. Marvland 22b. DATE THEREOF 220. SURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) TO FUN BULLAL (Specify) Joodlawn Cemetery Miami orida 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Washington

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	PLACE OF DEATH O. COUNTY Mont	gomery			MARYLAND	2 USUAL RESID	aryla	ere decease nd	d lived If ins b. COU	titution:	Residenc Prin	befor	e odmiss BOT	ges
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	Bethesda			19	days	Clinton 16 x 3.					1*			
	d NAME OF HOSPITAL (IF	not in hospital, g	ive street	oddress)	_ \	d. STREET AI						1	. IS RES	DENCE FARM?
	The Clinica	l Center	, Bet	hesda	14, Md.	R.	F.D.	#1, B	ox 650					NO 🄼
	3. NAME OF DECEASED	Fir		Midd!e	Loss		4. DATE	Month		Day		Yeor		
	(Type or print)	thy	L	ouise	Miller		DEATH		Α.	embe	r 3	2	19 57	
	5. SEX 6. C	OLOR OR RACE	7 MARR	IED 🗍 NEVE	R MARRIED TO	B DATE OF BIRTH			9. AGE (In yolost birthd	eors IF				R 24 HRS
		White	WIDOWE	Name of the last	DIVORCED 🔲	Septembe				yrs M	IONTAL	Days	Hours	Min,
K	Card Punch	ive kind of work of exercised peracer	done 10b	Govern			ryla i		ountry)		12. CITI	S.	A .	COUNTRY?
1	13. FATHER'S NAME Harry F. Mil	ler		14 MOTHER'S Ma		I. Ro	bey							
	15 WAS DECEASED EVER IN 1	J. S ARMED FOR		social secu	7 . 1. 7	NFORMANTThe						Ma	ryls	nd
	18. CAUSE OF DEATH	Enter only one co	use per lin	ne for (a), (b),									RVAL SE	
	PART I. DEATH W		- 0	- /	cemia							ONS	AND	DEATH
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	PART IT OTHER SI	GNIFICANT CON	DITIONS C	ONTR BUTING	S TO DEATH BUT	NOT RELATED TO	THE TERMII	NAL DISEAS	E CONDITION	GIVEN	IN PART	1(0) 15	PERFO	AUTOPSY RMED? NO DOC
	Part II OTHER SI	DERLYING AUSE OF DEATH CAL EXAMINER)	20ь. DESC	CRIBE HOW IN	JURY OCCURRE	O. (Enter noture of	injury in P	ort I or Por	t II of item 18	>				
	20c TIME OF INJURY M. Hour o. m.	onth, Day, Yes	While	Not while	le for	ACE OF INJURY IN	lome, form, bldg., etc.	20f. (City	or town)	w.**	(Co	ounty)		(Stole)
	21. I certify that I	ottended the	decease	ad from A	noust l'	5. 157	to Se	entemb	er 3.0	57 .	hat I I			4
	olive on Septe	mber 3.	10	57	d that death	occurred at]	· 1.5 1	PAA fene		البدائدة	// // // // // // // // // // // // //		w me	deceased
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	ACTUAL SIGNATURE PAGE	tim &	. Li	ablino	2_	un 1	he Cl	linica	1 Cent	er			9/	3/5
	SIGNATOREB			0		1	atio	nal Ir	stitut	es c	H To	alt	h /	The work and
	PHYSICIAN'S NAME (Type) Mart	in E. Li	ebli	ng, M.	D.	F	Bether	eda 11	, Mary	land	1			,
	220. BURIAL, CREMATION, 2 REMOVAL (Specify)				OF CEMETERY O		-		IJON (City to			20/	/ (Stote	o}
	23. FUNERAL DIRECTOR'S SIG			ADORES	111	21 55	240. REC'D	BY REGIST	RAR 24b I	REGISTR	AR'S SIGI	NATUR	1/	9
	Desimone Bro	3	661	- Kley	il roke !	Cd 25	3.ED	p- ,	1007	1%.			11	,

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may inclined by the hospital or altending physicion.

TO FULL DIRECTOR After this certificate has been signed by the attending physicion and completely filler in by the funeral director, page build be detached for use as the burial-transit permit. Then please remove corbon papers. Pages and 2 should be after with the registrar prior to burial, cremation, or removal, and in any event within 72 hours ofter death. VS A15 (4) 1SM 9/S5

BUREAU V. F

SEP 5 1057

ADDRESS

Wash. San. & Hosp.

Washington Sanitarium & Hosp. Takoma Park.

240. REC'D BY REGISTRAR

245 REGISTRAR & SIGNATURE

VS A15 (4) 15M 9/55 Cremation"

23. FUNERAL DIRECTOR'S SIGNATURE

death, Page

within

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11	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1-11	9699 CERTIFICATE OF DEATH Reg. Dist. No. 2/6
should be filed with	1. PLACE OF DEATH a. COUNTY D. STATE D. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) b. COUNTY M. N. T. U.
d be fa	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give nearest lown) WOOD ACEF J MC 1/244. ×2 Wood ACEF J MC
by the file should a should be shoul	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 6011 Woodacre Drive d. STREET ADDRESS 6011 Woodacre Drive e. IS RESIDENCE ON A FARM? YES NO M
es 7 Sho	3. NAME OF DECEASED (Type or print) NELSON C, MOORE DEATH SEDT, 29 1957
completely fill, popers. Pages	5. SEX 6. COLOR OR RACE 7. MARRIED M NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED DIVOR
ion and camples carbon papers.	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Electrical Engineer Ships 12. CITIZEN OF WHAT COUNTRY? Vork County, Va. U.S.
s offer	Sidney John Moore Blanche Watkins
ng physici remave 72 hours	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT No (It yes, give war or dates of service) Unknown Elizabeth A. Moore Item #2
e attending ten please o	18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) WYO CON DEATH S MM.
ed by th rmit. Th	Conditions, if any, which gave rise to immediate (b)
coran, coran, and in a coran, and in	catse (a), stoting the under- lying couse last. (c)
physic has bee rial-tra maval,	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED YES NO X 200 ACCIDENT WAS UNDERLYING DO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
the bu	
this cert r use as	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. 19 White Not white at work of work of work 19 of work 19 Not white 19 of work 19 Not white 19 Not work 19
the hospiller ho	21. I certify that I attended the deceased fram. A etc., 1957, to Sept., 1957, that I last saw the deceased alive an 29 Supt., 1957, and that death accurred at 3:00 AM, from the causes and an the date stated above.
DIRECTO DIRECTO Id be deter	ACTUAL SIGNATURE SUCHEST MULTING M.D. 5029 Betherda Circe
be 3 Tould	PHYSICIAN'S HERBERT MARTYN JR M.D. Beth M
0 1 6 0	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 12d. LOCATION (City, town, or county) (Stole) BURIAL, CREMATION, 12b. DATE THEREOF 12c. NAME OF CEMETERY OR CREMATORY 12d. LOCATION (City, town, or county) (Stole)
VS A15 (4)	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE
15M. 9/55	Robert A. Pumphrey Bethesda, Maryland DATE (0-1-57 Genic M. Thorn from

guntha v. s.

OCL 3 1825

VS A15 (4) 15M 9/55

			97.1	0	CERTIF	CA	TE OF DEATH	ı		Reg. Dist.	9691 No.	2 16		
		PLACE OF DEATH o. COUNTY MO	ntgomery		MARYLA	ND	2. USUAL RESIDENCE (Where deceased lived if institution, Residence before admission) o STATE b. COUNTY Maryland Montgomery							
		b. CITY OR TOWN (IF RURAL and give ned Bethesda	outside corporate limi	ls, write	c. LENGTH OF STAY IN 24 days	Ъ	c. CITY OR TOWN (IF o							
		d. NAME OF HOSPITA OR INSTITUTION The Clinic			oddress) hesda ll., Md		d. STREET ADDRESS 8329 Draper		e. IS RESIDENCE ON A FARM? YES NO SC					
		NAME OF DECEASED (Type or print)	fii Pea	_	Middle Catheri	ne	Moore	4. DATE OF DEATH	Month Septer		Day 7,	Yeor 19 57		
		sex Female	6 COLOR OF RACE White	7. MAR	RIED CNEVER MARRIED	_	DATE OF BIRTH	# 3	AGE (In years lost birthday) St yrs	Months Do				
1		Housewife	N (Give kind of working life, even if retired		KIND OF BUSINESS OR I Domestic	NDUST	Virginia	or foreign count	try)		N OF WH	A COUNTRY		
		FATHER'S NAME George Row					14. MOTHER'S MAIDEN N Eliza Ga:	mer						
\	15. (Ye	NO NO DECEASED EVER	IN U. S. ARMED FOR I yes, give war er dates al s	BLAICE)	SOCIAL SECURITY NO.	17. IN	The Clinical		ecord*** Bether		, Mar	yland		
			TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o		ine for (a), (b), and (c).)	16	: Myelo	ma			INTERVAL ONSET AN	BETWEEN ID DEATH.		
		Conditions, if an gave rise to im cause (o), sloting to lying couse fost.	mediate ()										
*	CERTIFICATION		ER SIGNIFICANT CON		CONTRIBUTING TO DEATH	BUT	NOT RELATED TO THE TERMIN	VAL DISEASE CO	ONDITION GIVE	N IN PART 1(PER	S AUTOPSY ORMED?		
	T.	200, ACCIDENT WAS OR CONTRIBUTING	AEDICAL EXAMINER)				(Enter noture of injury in P							
	MEDICAL	20c. TIME OF INJURY Hour a.m. p. m.	19	While at wor	Not while	fact	CE OF INJURY (Home, form, ory, street, affice bldg , etc.			(Cou		(State)		
		alive an Sep	at I attended the stember 7	decegs	sed from August 57 , and that de		accurred at 1:15	P.M., fram t	7, 1957 he causes ar t, city or town, st	nd an the	date sta	e deceased ted abave DATE SIGNED		
1		ACTUAL SIGNATUREPHYSICIAN'S NAME (Type)	loker	16	ester	M	National Bethesd	l Insti	enter tutes of arvland	Heal	9/ th	7/57		
	22:0	BURIAL, CREMATION REMOVAL (Specify)	1 22h, DATE THEREO	57	22c. NAME OF CEMETE	RY OR	CREMATORY		N (City, Jown, or	conuta)	(SI	ofe)		
	23	FUMERAL DIRECTOR'S	SIGNATURE LAMBES	N	C. ADDRESS War	h	OC PARE	BY REGISTRAL	24b NEGIST	RAR'S SIGN	TURE	beam		
							956	1119	5		7			

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BEVN A' E

DECEDACE

While

at work

Not while

Donovan-8016 Old Georgetown Rd

22c. NAME OF CEMETERY OR CREMATORY

Frankford Cemetery

of work

foctory, street, office bldg., etc.)

at.

that death accurred

e. IS RESIDENCE

ON A FARM?

YES NO F

Yeor

19 57

Reg. Dist. No. 216

Montgomery

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

12 CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO P

> > (Stole)

Doys

US

(County)

that I last saw the deceased

(State)

Months

Frankfort. Kentucky 24a, REC'D BY REGISTRAR 245 REGISTRAR'S SIGNATURE

M. Gram the causes and an the date stated above

ADDRESS (Street, city or lower, state)

Bethesda, Md

22d LOCATION (City, town, or county)

DIRE TO 5 0

6. m.

p. m

Leo

220 BURIAL CREMATION, 226. DATE THEREOF

alive on

ACTUAL SIGNATURE

PHYSICIAN'S

NAME (Type)

Bur. - Transit

23 FUNERAL DIRECTOR'S SIGNATURE

21. I certify that I attended the deceased from

9/9/57

Robert A. Pumphrey-Bethesda, Md.

VS A15 (4) 15M 9/55

SUREAU V. 2

SEP II 15.

BECEINEU

death.

within

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

SEP 17 TOS



may Plained by the haspital or attending physicion. DERECTOR: After this certificate has been signed by the attending physicion and campletely fill. In by the funeral director. LORECTOR: After this certificate has been signed by the attending physicion and campletely fill. In by the funeral director. LORECTOR: After this certificate has been signed by the attending physicion and campletely fill. In by the funeral director. It is registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HESPITAL OF ETTINDING HITTICEN: The for require that the death certificate be executed within 24 hims offer death. Page TO FU

VS A15 (4) 1SM 9/SS MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9702 CERTIFICATE OF DEATH

Rog. Dist No 6 946

1	PLACE OF DEATH a COUNTY	Montgomer	7	MARYL	AND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE DISTRICT OF COLUMNIA.								
	b CITY OR TOWN (IF BURAL and give ne Bethesda	outside corporate limit arest town)	, write	c. LENGTH OF STAY I	N 1b		wn (IF o		orale limits, write	RURAL and g	iva negrasi	town)		
	or institution. The Clini	al (if not in hospitot, gi	ve street o	hesda 14, 1	Md.	d. STREET ADDRESS 1511 Van Buren Street, N.W. ON A								
3.	NAME OF DECEASED (Type or print)	Yetta		Rosalin	d	Neviaser of DEATH September						157		
5.	Female		7 MARR	DIVORCED	الباء	December	25,1	L908	9. AGE (In years last birthday) 48 yrs	Months		UNDER 24 HRS. Burs Min.		
10	during most of work Clerk	N (Give kind of work d ing life, even if retired)		KIND OF BUSINESS OF ierchandise	INDU		Yorl		country)	12. CIT	U.S.	A .		
13	L FATHER'S NAME					14 MOTHER'S M	AIDEN N	AME						
	Samuel Ha	lpern				Sara	ah Ka	llmaı	n					
15	WAS DECEASED EVER	IN U. S ARMED FORCE		SOCIAL SECURITY NO.		WFORMANT The								
	No		E	inknown	TI	ne Clinica	al Ce	enter	Bethes	da 14,	Mary	land		
	1	TH (Enter only and cas	se per lin	e far (a), (b), and (c)]							INTERV	AL BETWEEN		
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a)	>	epticema							ONSET AND DEATH			
	Conditions, if ony, which) (b) Caremone of frost & mitastesse											5		
ı	Canditions, if on		ر ر	granome of	1	sor 5 mg	~~	eres)	yre.		
	gove rise to immediate couse (a), stating the <u>under-</u>													
7	lying couse last (c)													
CATION			HIIONS C	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO TH	HE TERMI	NAL DISEAS	SE CONDITION G	YEN IN PART	P	SE NO		
L CERTIF	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	□ CAUSE OF DEATH I	20b. DESC	RIBE HOW INJURY OC	CURREC	Enter noture of it	njury in P	ort I or Pa	rt 11 of ilem 18)					
MEDICAL	20c TIME OF INJURY Hour a.m. p. m.	Month, Day, Yea	While	DURY OCCURRED Not while of work		CE OF INJURY (Ho tory, street, affice b			y or town)	(C	ounty]	(State)		
		at Lattended the	decease	ed from July	29,	1957	to Set	otemb	er 20 ₁₀ 5	that Li	ast saw	the deceased		
L	olive on Sept		. 195			accurred of								
L		- 15)					ilreal, city or lawn		10 0010	DATE SIGNED		
L	ACTUAL SIGNATURE	When D.	10	400mm		M.D. The	Clis	rical	Center					
	PHYSICIAN'S					Nat:	iona.	Ins	titutes	of Hea	lth			
L	NAME (Type)					Ret	hesd	14.	Marylan	1				
22 J	BURAL CREMATION REMOVAL (Specify) BURLAL (FLAF L	9/22/S	7	ELESA				22d. LOCA	TION (City, town 5 H / D /	or county)		(Stote)		
23	FUNERAL DIRECTOR'S	SIGNATURE	y Sor	ADDRESS 21 3501-1	1	11/1/1/	40. REC'E	BY REGIS	TRAR 24b REQ	BTRAR'S SIC	NATURE	morro		

BUREAU V.

SEP 25 1957

RECEINED

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE	, 18
9703	CERTIFICATE	OF	DEATH	Res

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1			
1	1, [1. PLACE OF DEATH O COUNTY MOUT GUEL DAY MARYLAND 2. USUAL R	ESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY
•	ı	B. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give searest town)	or TOWN (If outside corporate limits, write RURAL and give nearest town)
	13	Brooke grove Foundation 67%	nitchell 54 on Farm?
		(Type or print) Zula Hazard alla	Loss de DATE Month Day Year DEATH SEPT, 13 1957
		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BI WIDOWED DIVORCED 704.	0-1881 lost bighday) Months Days Hours Min
1		100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTH during most of working life, eyen if retired) He use wise Ret. At Home Prov	vidence-R.S. USa
1		William L. Walker	R'S MAIDEN NAME Hazard
j	15. (Yes	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17, INFORMANT (Yes, no prominous) III yes, gray year or deries of terrical AFONE	tal Records & Son
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	interval Between onset and Death,
		Conditions, if ony, which gove rise to immediate DUE TO	Smilly 3 yrs
	N	lying couse lost (c) (c)	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10/19. WAS AUTOPSY
)	FICATION	200 ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature	PERFORMED?
	AL CERTIFI		
	MEDICA		fice bldg., etc }
		7	7 to 8-13-, 1957 that I last saw the deceased at 1-30 PM, from the causes and an the date stated above.
		ACTUAL SIGNATURE M.D	ADDRESS (Street Chry or town, stole) 7 DATE SIGNED
,		PHYSICIAN'S J.W. BIRD	(5-7)
	220	220 BURNAL, CREMATION, 226 DATE THEREOF 220 NAME OF CEMETERY OR CREMATORY BUNDAL SPECIFY 9/14/1957 BAKLAND COMET	TORY CRANSTON KHODE LSLAND
	23.	23. FUNERAL DIRECTOR'S SIGNATURE CO- KIVERDALE ME.	DALE P I 7 1957 Gestrude Lawley
		,	

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2EP 17 1957

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ploods

DIRECT

within 24 hours

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

SECEINED

BUREAU V. &

The	
FOR STATE	
HEALTH DEPT.	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please executed carrifficate, writing the word "pending" in pendil in item, 18. Give Pages 1, 2, and 3 to the form a director. Page 4 show the forwarded to that Chief Medical Examiner's Office along with form MM3. Tage 5 may be in the form a for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the S.C. Board of Health, or remayol, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18() 969797 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 27

	The state of the s						
1. PLACE OF DEATH COUNTY MONTGOMETY MARYLAND	2 USUAL RESIDENCE (Where deceased I'ved. If intitution Residence before admission) a STATE Penna b COUNTY						
b. CITY OR TOWN Itt autoide corporate limits, wit a RURAL C. LENGTH OF STAY IN 16							
ond give redrest fowr) Olney DOA	York						
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS e IS PLOSE? ON A EXPANS						
M ontg. Co. Gen.	365 Hillcrest Road						
3. NAME OF First Middle	Last 4 DATE Month Day Year						
(Type or print) Harry Barton Pasch							
5. SEX 6 COLOR OR RACE 7. MARRIED 1 NEVER MARRIED	lost builtiday Maniba David Hours Mun						
male White WIDOWED DIVORCED	11/27/97 59m 1						
during mast of work ng le, even if retired) Managing Editor Managing Editor Magazine	Ohio II BIRTHPLACE (State or foreign caunity) USA						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
Frank Paschall	Cynthia Carpenter						
LYES ARE RELEGISLATION & LIFE VALUE WAS BY RELEGISLATION OF THE PARTY	INFORMANT Address						
no 288-03-7536 l	rs. Tony D. Vittorio, 4285 Lawnview Drive						
1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)]	Columbus, Chiacomen						
PART I. DEATH WAS CAUSED BY: COronary Och	clusion sudden						
1400.1 DUETO							
Conditions, if any, which) (b)							
gave rise to immediate cause (e), sloting the underlying DUE TO							
cause last. (c).							
PART II, OTHER SIGNIFICANT COND TIONS CONTRIBLTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED?						
3	YES TO THE T						
206. EXTERNAL CAUSE WAS PRIMARY ar CONTRIBUTING CAUSE OF DEATH.	(Enter nature of neury in Part I or Part II of item 18)						
	ACE OF INJURY (Hame, form, 20f. (City or lawn) (County) (State)						
Hour e, m. While Not while of work of work	story, street, affice bldg., etc.)						
21 I certify that I took charge of the remains described ab	ove, held an Autopsy , Inspection To Inquiry , and in my						
opinion death resulted from: Natural causes 🛣, Accident	. Suicide . Hamicide . Undetermined manner						
ACTUAL DE 1 B B 4	DATE SIGNED						
SIGNATURE MANN MOZZNANT							
EXAMINER'S Frank J. Broschart	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER \$\int \text{ST}\$ \[\text{ST}\$ \text{ST}\$ \text{ST}\$ \[\text{ST}\$ \text{ST}\$						
220. BURIAL CREMATION 226 DATE THEREOF 220 NAME OF CEMETERY O	R CREMATORY 22d LOCATION (C 1y, town, or county) (Stole)						
TRANS. & BURIAL 9/28/57 Ashley Co							
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 REC D BY REGISTRA PEGISTRAR'S SIGNATURE						
Kilarus & Pumphery, Silver Spring	, Ma. Set P 2 13 Lerbude Lant						
The state of the s							

VE BISME 5M 2 S7

BUREAU V. A.

2EP 97 1957

BECEINED

					STATE DEPA			-BALTIN		0.0	2026	
			971	6	CERTI	FICA	TE OF DEATH			Reg. Dist.	No. 21	5.
		COUNTY Mon	tgomery		MARY	LAND	2 USUAL RESIDENCE (WHO O. STATE Georgi		d. If institute b. COUNTY	oni Residence i	before admis	ion)
,		RURAL and give	(If outside corporate limit nearest towo) Runal)	ls, write	14 Hr . 45		c CITY OR TOWN (IF or Columb		imits, write RI	JRAL and give	nearest fow	n)
		OR INSTITUTION					d. STREET ADDRESS	11 (11.	1.		ON A	FARM?
			Hospital, H				1126 17	th Stree	t t		YES	NO [
	- (IAME OF ECEASED Type or print)	Carl		Middle Atkins	on	PIERSON, Jr		Septe	mber		Yeor 19 5
	5 5			7. MARR	NEVER MARRIE		9 Dec. XXXX		GE (in years st birthday) 27 yrs.	Months Do	YS Hours	ER 24 H
		ale USUAL OCCUPAT	ION (Give kind of work of	lone 10h.			IRY 11. BIRTHPLACE (Stole			12 CITIZE	N OF WHAT	COUN
)	during most of wo	orking life, even if retired)		S. Navy		Georgia		,		.s.	
1		ATHER'S NAME					14 MOTHER'S MAIDEN N					
			son PIERSON				Louise PRAT	HER				
	[Yes	ne, or unknown)	VER IN U. S. ARMED FOR I lif you, grow war or dolon of H Currently	HAICE)	social security no Inknown		formant Cicial Navy R	a a a m d c	Addr	e11		
		PART I. DE	FATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		2				,		OMPET WIND	DEAL
`		Conditions, if gove rise to couse (o), stating tying couse tost PARY II. O	ony, which (b) (b) immediate g the <u>under</u> (c). THER SIGNIFICANT CONI) DITIONS (en Ar	CALC	rages of NORELATED TO THE TERMIN	Ta Je Bat DISEASE COI	MDITION GIV	old	o) 19 WAS PERFC	AUTOP
*	MEDICAL CERTIFICAT	Conditions, if gove rise to couse (o), stoting lying couse lost PART II. O 200 ACCIDENT WOR CONTRIBUTING III. EITHER, NOTIFE 20c. TIME OF INJU-Hour o. m. p. m.	ODUE TO ONY, which immediate g the under: ther SIGNIFICANT CONI VAS UNDERLYING CONTROL CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Month, Doy, Yee 19	DITIONS C	CONTRIBUTING TO DESCRIBE HOW INJURY OF COURRED NOT while at of work	ATH BUT P	NOW RELATED TO THE TERMIN (Enter noture of injury in P CE OF INJURY (Home, form, ory, street, office bldg., etc.)	At DISEASE COI	NDITION GIV	EN IN PART I	o) 19 WAS PERFO	AUTOF DRMED NO
	MEDICAL CERTIFICAT	Conditions, if gove rise to couse (a), stotim lying couse lost PART II. O PART III. O CONTRIBUTING (IF EITHER, NOTIF EITHER, NOTIF EITHER, NOTIF CO. TIME OF INJU-Hour o. m. p. m.	DUE TO ony, which immediate g the <u>under</u> THER SIGNIFICANT CONI VAS UNDERLYING OCAUSE OF DEATH Y MEDICAL EXAMINER) URY Month, Doy, Yea 19	DITIONS (20b. DESC	CRIBE HOW INJURY O	ATH BUT P	CE OF INJURY (Home, formory, street, office bldg., etc., 19.57, to 19.	That DISEASE COLOR I or I or Port II of City or to	NDITION GIV	(Cou	o) 19 WAS PERFC YES X	AUTOI DRMED NO
	MEDICAL CERTIFICAT	Conditions, if gove rise to couse (a), stotim lying couse lost PART II. O PART III. O CONTRIBUTING (IF EITHER, NOTIF EITHER, NOTIF EITHER, NOTIF CO. TIME OF INJU-Hour o. m. p. m.	DUE TO ony, which immediate g the <u>under</u> THER SIGNIFICANT CONI VAS UNDERLYING OCAUSE OF DEATH Y MEDICAL EXAMINER) URY Month, Doy, Yea 19	DITIONS (20b. DESC	CRIBE HOW INJURY O	ATH BUT P	NOWRELATED TO THE TERMIN (Enter noture of injury in P CE OF INJURY (Home, form ory, street, office bidg., etc. 19. 57, ta 15 accurred at 30A	At DISEASE COI	NDITION GIV	(Cou	o) 19 WAS PERFO YES Not saw the date state	AUTOIDRMED NO
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	MEDICAL CERTIFICAT	Conditions, if gove rise to couse (o), stoting lying couse lost PARY II. O PARY II. O PARY III. O CONTRIBUTING THE OF INIT. HOUR O. m. 21. I certify if alive an 1.9	DUE TO ony, which immediate g the <u>under</u> THER SIGNIFICANT CONI VAS UNDERLYING OCAUSE OF DEATH Y MEDICAL EXAMINER) URY Month, Doy, Yea 19	DITIONS (20b. DESC 20b. DESC or 20d. ft While of work	CONTRIBUTING TO DE, CRIBE HOW INJURY OF CRIBE HOW INJURY OF CRIBE HOW INJURY OF MOT while A Of work Ed fram 18 S 57 , and that	ATH BUT P	NOWRELATED TO THE TERMIN (Enter noture of injury in P CE OF INJURY (Home, form ory, street, office bidg., etc. 19. 57, ta 15 accurred at 30A	20f (City or to Sept. M, fram the ADDRESS (Street, Hospital	NDITION GIV	(Country In that I last not an the state) are side 2	o) 19 WAS PERFO YES ME	AUTOPORMED? NO Steel deceed ab

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2 .V UABRUS

DECENTED TO

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 9707 Reg. Dist. No. with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) directo Montgomery filed b. COUNTY MARYLAND Maryland Montgomerv b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) 8 RURAL and give negrest town) shauld Silver Spring Silver Spring d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE 00 ON A FARM? Maple Lane Nursing Home 1021 Rustan St YES NO Y NAME OF Middle 4. DATE Lost Month Dav Year DECEASED OF (Type or print) DEATH 19ぶつ 9. AGE (In years last birthday) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DO 5. SEX DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Female White Feb. DIVORCED | 1878 WIDOWED | papers. 10a. USUA. OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? eath during most of working life, even if retired) Garfinckels Saleslady Maryland U.S.A. and pou ŏ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Moffatt çg ŧ George Plyer 6 9 24 7 9 3 P 3 C 9 P Anna 😘 L. é 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Ar I'mgton, Va. 78-07-0766 aftending T.B. Marmaduke 1314 Abington St. Mrs. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (d) EROTIC TERIOSC DUE TO þ E. ghy PHEUMATOID Conditions, if any, which been signed fronsit permit gove rise to immediate DUE TO cause (o), stating the under-RTERINSCLEROSIS lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES T NO F 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY Month, 20s. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) g. n. factory, street, office bldg., etc.) While Nat while at work at work p. m. 21. I certify that I attended the deceased from FEB 1956 to Septembel 1957 that I last saw the deceased and that death accurred at Handle M, from the causes and an the date stated above. ADDRESS (Street, city or town, slote) DATE SIGNED ACTUAL SIGNATURE TO PHYSICIAN'S NAME (Type) 22h. DATE TREREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Burial Burial Rock Creek Cemetery Montgomery. Maryland

ADDRESS

Spring,

Md.

DATE

Silver

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

VS A15 (4)

FUNERAL DIRECTOR'S SIGNATURE

death.

within

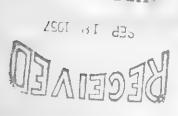
BUREAU V. &

2Eb 13 1025

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

ILEEAU V. S.





VS A1S (4) 1SM 9/S5

9709 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

Reg. Dist. No. 2/6

	PLACE OF DEATH a. COUNTY					2. L	JSUAL RESIDENCE (WH), STATE	nere decease			ace befor	re admissi	ion)
		ntgomery		MARY	LAND	Maryland Frederick							
	RURAL and give ned ethesda 14	outside corporate limi	ts, write	6. LENGTH OF STAY	IN 1b	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brunswick							
	d. NAME OF HOSPITA	4	ive street	oddress)		-	d. STREET ADDRESS					e. IS RESI	
T	he Clinica	l Center,	Beth	esda 14, Mo	i.		517 We	est "H	3" Street	,			NO T
3,	NAME OF DECEASED	Fir	net	Middle			Lest	4. DATE	Mo	mih	Do	y Y	Yeor
	(Type or print)	Nell	ie	Jane)		Powers	DEATH	Sept	tember	15	T	1957
5.	SEX	6 COLOR OR RACE	7- MARI	RIED NEVER MARRI	ED 🔲	B. DA	TE OF BIRTH		9. AGE (In years last birthday)				
1	Female	White	WIDOW	ED XXX DIVORCE		A	pril 7, 18	90	67 yrs	Months	Doy1	Hours	Akin,
100	. USUAL OCCUPATION	N (Give kind of working life, even if retired	done 10b	KIND OF BUSINESS C	R INDUS	TRY	11. BIRTHPLACE (State	or foreign e	ountry)	12. Cf	TIZEN O	F WHAT	COUNTRY?
	Housewife	ng me, even ii reiirao	'				Virginia	a.		U	I.S.A		
13.	FATHER'S NAME					14	MOTHER'S MAIDEN N					*	
	Charles	McLaughli	n				Malinda S	Sutto	1				
15	WAS DECEASED EVER	IN U S. ARMED FOR	CES7 16	SOCIAL SECURITY NO	. 17. IN	VFOR	MANT The Med	dical	Record	dress			
100	No or unknown)	if yes, give wer or dates of s	es.ce.	None			Clinical Co				Mar	cylan	nd
-		TH Enter only one co	use per li	ne for (a), (b), and (c).								RVAL BE	
	PART I, DEAT	H WAS CAUSED BY:	(.	1	,	+	100 P					ET AND	DEATH
		IMMEDIATE CAUSE (o		17.1. NO 2 1			10-5					2 /1/	on 14
		DUE TO	,										
Conditions, if any, which gove rise to immediate (b).													
	couse (a), storing the under. DUE TO												
Z	lying couse lost) (c)											2 12/16	ALLEGRAN
Ē	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART											PERF	RMED?
5	20 155(20)		80) 854									YES PLA	NO 🗆
CERTIFICATION	OR CONTRIBUTING [S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	ZVB. DES	CKIRE HOW INJURY O	CCURRED). (Łn	ter noture of injury in t	Fort I or Fo	ri it of stem 18.)				
3	20c. TIME OF INJURY	Month, Day, Ye	or 20d. I	NJURY OCCURRED	20e. PLA	CEC	OF INJURY (Home, form	. 20f. (Cit	y or town)	(1	Countyl		(State)
MEDICAL	Hour e.m.	19	While at wor		foc	tory,	street, office bldg , etc.	-)		· ·			
-						0	30 F7 . C-	and amile	75 57	77			
			deceas				., 19. <u>57</u> , to <u>Se</u>						
	alive an Sept	ember 15	, 12_	and that	death	acc	urred at 2:20				he dat		
	ACTUAL	10 5	3 ~	1 7					itreet, city or tawn	, stote)		DA	ATE SIGNED
	ACTUAL SIGNATURE	Ceon 8	٠. را	7mil	A	W.D.	The Clini				1.		
	PHYSICIAN'S	FAN G.	5	with			National			Heart	n		
	NAME (Type)	CON OI		$n \leftarrow n$			<u>Bethesda</u>	T. 6 17 T	aryland				
220	BURIAL, CREMATION REMOVAL (Specify)	A A THE THEREO	7	22c. NAME OF CEM	ETERY OF	72	MATORY	228 LOCA	TION (City, fown,	or county)	1.	(State	e)
23.	SUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		-	C En Dec	Q BY REQIS	RAR 24b REG	ISTRAR'S SI	GNATUR	E	
16	A The	216 12	7 1900	131744	med as on	ih	DATE ON THE	1213	15/13	2001	c J	En	mper
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BUREAU V. A.

SEP 20 1957

BECEINED

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. 215 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY District of Columbia 8 MARYLAND b. CITY OR TOWN (If outside corporate limits, write C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 8 RURAL and give nearest lown) Pin Bethesda 16 Days Washington (Rural d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. 15 RESIDENCE OR INSTITUTION ON A FARM? 3212 Newark St. U.S. Naval Hospital. Bethesda. Md. YES NO IN NAME OF Middle 4. DATE Lost Month Day Year DECEASED OF DEATH PRICE September (Type or print) Marion Howe 19 IF JNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours 26 Jan. 1871 Female White WIDOWED X DIVORCED [100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) U.S. Housewife None Kentucky 18. FATHER'S NAME 14 MOTHER'S MAIDEN NAME afler physician Jearad HOWE Eleanor E. HARWOOD 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (if yes, may war or dates of service) Unknown Official Nuvy Records 18. CAUSE OF DEATH [Enter only one cause per fine for (a), (b), and (c)] INTERVAL BETWEEN PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) 332 X DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PAIT IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO D 200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 11 of item 18) OR CONTRIBUTING CAUSE OF DEATH 20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (Stole) (County) factory, street, office bldg., etc.) Hour While Not while at work at work p. m Sept. 21. I certify that I attended the deceased from 29 Aug. 1957_...that I last saw the deceased ___, and that death accurred at \$40A - M, from the causes and on the date stated above WM. Sept. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE U.S. Naval Hospital, Bethesda, Md. INGRAM. CDR. MC. U.S. Naval Hospital, Bethesda, Md. NAME (Type) 220 BURIAL CREMATION. 22b. DATE THEREOF 22 NAME OF SEMETERY OF 2/ (State) FE REMOVAL (Specify) 10 ADDRESS FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR "246 REGISTRAR'S SIGNALURE VS A15 (4) Penn. Ave., N.W. Wash.D.C. DATE 9-14-5

within 24

requires that the

BUREAU V. S.

SECENCED SEC

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1971)3

			11	CERTI	PICA	HE OF	DEAIL	1		Reg. D	list. No	.2/	6
1.	PLACE OF DEATH					2. USUAL RE	IDENCE (WI	rece deceose	d lived. If institution	on Reside	ence befo	re odmiss	ion)
	e. COUNTY	Montgomery	T	MARY	YLAND	o. STATE	D. C.		b. COUNTY				
	b. CITY OR TOWN (II RURAL and give ne	outside corporate time	ts, write	c. LENGTH OF STAY	IN 1b	c CITY OF	TOWN (If	outside corpo	role limits, write R	URAL and	give nec	arest lown	1
]	Bethesda 1	, Maryland	1	118 day	s		Washi	ngton	4'	7 X	*.		
	d. NAME OF HOSPIT	AL (If not in hospital, g	ive street	oddress)		d STREET	ADDRESS					e. IS RESI	IDENCE FARM?
	he Clinica	al Center,	Beth	esda 14, M	d.		3033	16th	Street. N	L. W.			NO ₩
3	NAME OF DECEASED	Eir	st .	Middle	1	L.	osf	4. DATE	Mon	th	De	ly 1	Yeor
	(Type or print)	Roy		Warren		Price	, Jr.	DEATH	Sept	embe			19 57
5	SEX	6. COLOR OR RACE	7. MARR	IED 🔲 NEVER MARRI	ED 🖾	B DATE OF BIR	TH		9. AGE (In years lost birthday)	Months	R 1 YEAR	HOURS	R 24 HRS, Min.
	Male	White	WIDOWI	Regard		Octobe			31 yrs.	THO INTE	ouy:	Hours	PAIN,
10	during most of work	N (Give kind of work a ing life, even if retired	done 10b.	KIND OF BUSINESS C	M INDUS	TRY 11, BIRTH	PLACE (Stote	or foreign c	ountry)			F WHAT	COUNTRY
_	Social Wor	rker		Social Ser	vice		nnecti				U.S.	Α.	
13.	FATHER'S NAME					14. MOTHER							
L	Roy W. Pi						a Pala						
	n. no, or unknown) (I IN U. S. ARMED FOR If yes, give wor or dates of a	feorese	SOCIAL SECURITY NO					Recordado				
	No			047-14-414	-11	ne Ulin	ical U	enter	, Bethesd	la 14	, Ma	ryla	nd
		TH [Enter only one co	use per lii		•						INT	ERVAL BE	DEATH
	,	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	NE	NAL FA	ILU	RE							
	4400	DUE TO	1		_ 1	1			Л			1/1/1	
	Conditions, if or	amadiota /		UGESTIVE		EARI	FAIL	URE	AZOTE	1/1	-	4 /2	ARS
	couse (a), stating (, ,	1.10:-0		/			1	V,	200
7	lying couse lost.) (c	<u></u>	SENILA	<u></u>		TENS					0/6:	ARS_
CERTIFICATION	PAIT II OTH	ER SIGNIFICANT CON	DILIONS	ONTRIBUTING TO DE	VIH ROLL	NOT RELATED	O THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(o) 1	PERFO	RMED?
2	20. 1.00(00.17.14)	Calle (Mentally to 173	204 050	COLOR HOUSE COLOR	CCURACE				* II - 6 14 - 18 h			YES X	NO 🗆
ERTI	20a. ACCIDENT WA	CAUSE OF DEATH MEDICAL EXAMINER)	200. DES	CRIBE HOW INJURY C	CCORRED), (thier noture	or injury in	roff of Pai	Til Or (lem 18)				
	20c. TIME OF INJUR			IIIIN OSCIIONO	20- BLA	CC OF INITION	Allman bara	7005 (5.4			15		461.11
EE/CAL	Hour o. m.	/ Month, Doy, Ye	While	Not white	foc	ICE OF INJURY tory, street, offi	ce bldg., stc	i, 20r. (Cir)	or town)		(County)		(Stole)
	p. m.	17	of wor		1		7 0.		20 F	>			
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	alive on Dep	tember 30	, 12_	21, and that	deoth	occurred a			n the couses o		the do	te stote	d obove
	ACTUAL Y	1, 6	1	· Ar		Tho	Clinic		treet, city or lawn,	stole]	1	Q/i7	ME SIGNE
	SIGNATURE_	us All	len	il gi.	A	wo. Nati			ites of I	(a) f	15	7-4	2/
	PHYSICIAN'S NAME (Type)	Louis Gill	espie	e, Jr., M.	D.		esda l	1	ryland	10000	11		
22		N. 22b. DATE THEREC		72c. NAME OF CEM	ETERY OF				TION (City, town, o				
	REMOVAL (Specify)	10-2-5				atori	200					(State	ц
23.	Cremation funeral director			Lees! (71.6III	atori	dia -	D BY REGIS	shingto			RE	
	Lee Fune		1	ia chinata	on D	~	DATE		7 Bes		y" , "	a rand	1, 1, 6-

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VS A15 (4) 15M 9/55

BUREAU V. S.

Reg. Dist. No.

1. PLACE OF DEATH . COUNTY **b.** COUNTY Montgomere Monta omer c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearbst town) b CITY OR TOWN (If outside corporate limits, write RURAL and give necrest towell alioma Brinc a. IS RESIDENCE d. NAME OF HOSPITAL (if not in hospital, give street address) OR INSTITUTION ON A FARM? YES NO 10511119 770 11 NAME OF Month Day Year DECEASED (Type or print) 05 195 8. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months Days DIVORCED [WIDOWED TO 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if ratired) american < manu 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME ď ROS 15 WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which {b] gove rise to immediate DUE TO couse (a), stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES [NO IF 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, effice bldg., etc.) Hour a. m While Not while at work ol work 21. I certify that I attended the deceased fram 19.2__Ahat I last saw the deceased alive on and that death occurred at ZM/fram the causes and an the date stated above. ADDRESS (Street, city or town, stale) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) DATE THEREO! 220-BURIAL CREMATION 224 MAME OF CEMETERY OR CREMATORY 22d, LOCATION-(City, town, OFREMOVAL (Specify) 1 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

BUREAU V. S.
SEP 24 1957

1	2/-	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
7	3	9611 CERTIFICATE OF DEATH Reg. Dist. No.
director, filed with	2	1. PLACE OF DEATH O COUNTY - MONTES ONLY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE O. STA
uneral	(N	b. CITY OB/TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write rural grid give negrest lown)
by the f	,	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION OR INSTITUTION ON A FARM? YES NO 12
		3 NAME OF DECEASED (Type or print) CHARLES RULLIAM DEATH Sept 20 1957
oletely f		5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (n yog/s IF UNDER 1 YEAR IF UNDER 24 HRS Jost bisthdoy) 1. Months Days Hours Min.
nd comp in pope death.	1	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stay or foreign country) 12. CITIZEN OF WHAT COUNTRY? In almost of working life, even if retired) WASH. TERMINIL Remembers da 45 A
physicion or move carbo hours-cares	I)	13. FATHER'S NAME Carles Pullian Cassa Mas Speces
ng phys remov 72 hour		15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 NFORMANT Address of service) (It yes, give wor or dates of service) Margarch & Pulleares Tulionic Park
ne attendir hen please pat within		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CORONARY THROMBOSIS, ACUTE INTERVAL BETWEEN ONSET AND DEATH ANCIANT
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this ce or use or use		Hour o. m. p. m. While Not while of work of
R: After sched f ourial, a		21. I certify that attended the deceased from 7.5., 19.57, to 9.57, that I last saw the deceased alive an 7.5., and that death accurred at 10.15 M, from the causes and an the date stated above.
RECTO Be det	1	ACTUAL SIGNATURE SIGNATURE M.D. Samuel A. Hillman, M.D. DATE SIGNED
ould stor p	*	PHYSICIAN'S SA, HILLMAN Washington 11, D.C.
may be boge the reg		BURIAL CREMATION, 226. DATE THEREOF 22C, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) BURIAL (Specify) 9.23-57 GEO. WASH. CEM 144A 775U(LLE 140)
VS A1S (4) 15M 9/SS	a	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 18/2 Ha Que 18/1 P 23 195 4 Melson Soldy
		// /

COMPRY THROMBOSIS ACUTES MOTAS RIGH, HEART FAILURE AND CORONAIS \$135 ;

BUREAU V. S.

75Eb , 83 1955

Hil General SA. HILLERIAN

CERTIFICATE OF DEATH 9712 Reg. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. countyontgomery COUNTY Montgomery MARYLAND Marvland b. CITY OR TOWN (If outside carporate limits, write c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 8 RURAL and give nearest town) should Cedar Grove Rural - Cedar Grove Ruralvears NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS R.F.D. ON A FARM? R.F.D. #1 Gaithersburg Gaithersburg YES 🚺 NO 🗍 NAME OF 4 DATE Middle Year DECEASED OF DEATH Sent. (Type or print) Sarah Lavinia Purdum 19 within 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS B DATE OF BIRTH last birthday) Hours DIVORCED | WIDOWED Female 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife USA Own Home Frederick Co.. Md. after 13 FATHER'S NAME Richard Murdock Mary Medairy 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address Mo LeRoy Purdum, Gaithersburg, None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO permit. G#Y Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. CATION PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY 20e PLACE OF INJURY (Hame, farm, 20f (City or tawn) Day, Year 20d INJURY OCCURRED (State) (County) factory, street, affice bldg., etc.) Hour o m. While Nat while at work of work 21. I certify that I attended the deceased from 1/2 19.2.2., that I last saw the deceased , and that death accurred at I MATA from the causes and an the date stated above. ADDRESS (Street, city arthum, state) ACTUAL SIGNATURE anld ö PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) 10× PEMOVAL (Specify) may Sent. I Upper Seneca 0 23. FUNERALI DIRECTOR'S SIGNATUM 240. REC'D BY REGISTRAR STRAR'S SIGNATURE amascus, Md.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

DARENN K. E.

SEP 17 TIST

DECENDEN

MARYLAND STATE DEPARTMENT OF HEALTH

9713

2411 N. Charles Street, Baltlmore

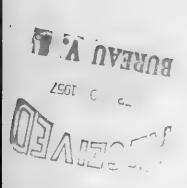
CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED.	v
COUNTY	ontgomery	MARYLAND	Washington, D.C. COUNT	I r
CITY (If outside co	rporate limits, write RUR	AL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and g	ve nearest town)
OR givo nearest	ensington	(in this prace)	OR TOWN	,
HOSPITAL OR			STREET ([If rural give location)	y had
INSTITUTION OF STREET ADDRESS	Aensington C	ardens Sanitarium	ADDRESS 2 4-34 - 39" 84	row
3. NAME OF DECEASED	(First)	(Middle)	(Last) 4. DATE (Month) OF	(Day) (Year)
(Type or Print)	Case	В	Raiter DEATH 17 -	15 1957
Male	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MATTIEC	8. DATE OF BIRTH 9. AGE fast birthday If under	
SA- VICITAL OCCUP	TION (Give kind of work	10b. KIND OF BUSINESS OR		2. CITIZEN OF WHAT
done during most of w	orking life, even if retired)	INDUSTRY	Washington, D C	Comers
13. FATHER'S NAM	E 1 111/	7	14. MOTHER'S MAIDEN NAME	0
Bill	HE MIT KAJU	E1	Mary Elizabeth Connec	K-
15. WAS DECRASED EV	ER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	1-10
(Yes, no, or unknown)	(If yes, give war or dates service)	²¹ [I ge mis Clee 1310	aple
		18. MEDICAL CE	RTIFICATION	7
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
REAY				
Immediate	cause (a)	Terminal pneumoni		18 hours
giving rise to stating the u	onditions, if any, (b) the above cause nderlying cause last (c)	Parkinson's disea	se	10 years
II. OTHER SIGNIFI Conditions contribu	ting to the death but not			
related to the disease	e or condition causing deal	INDINGS OF OPERATION		1 20. AUTOPSY?
None	1401 MAZINO *** 1			
21. ACCIDENT	. (Specify) PLA	CE (Home, farm, factory, street,	: (CITY OR TOWN) (COUNTY	Yes No (STATE)
SUICIDE I	Vone OF	office bidg., etc.) JRY	(OILT ON TOWN) (GOORT	/ (GIALE)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR!	
INJURY	EO.	Work At work		
			10 FA . C 1 201140 FF	
22. I hereby certi	fy that I attended th	e deceased fromIALL	, 19.34, toSepta18th1957, that I last	saw the deceased
alive on 9/1 SIGNATURE	18/57 , 19 , at	d that death occurred at	ADDRESS	tated above. DATE SIGNED With No.
Mun 1	- Muma		-121 06-1010.0001.010	4-18-17
23. BURIAL, CREM.	ATION DATE THERE	7 Arlington	RY OR CREMATORY LOCATION (City, town, or country)	nty) (State) /
DATE REC'D BY	0/20/0		Arlington, Vi	ADDRESS
REG. 9 26	57 Fran.	es Fotter	Beech Huelers Dres 17.07. To	. Chue Dus
				wash De

The correct me

em of information carefully of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply is especially important, Physicians: please write the MARGIN RESERVED F



CERTIFICATE OF DEATH Reg. Dist. No. 216 director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed COUNTY MARYLAND District umbia uneral b. CITY OR TOWN (If outside consorate limits, writt RURAL and give nearest town) c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town) D Washington d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 3601 Chesapeake St. YES NO XX NAME OF Middle Month Day Year DECEASED DEATH (Type or print) 19 5 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthdoy) Months WIDOWED T DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11] BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife Baltimore, Maryland 6 13. FATHER'S NAME Fredericka 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO None 18 CAUSE OF DEATH [Enter only one couse per jine for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). 50 KX **DUE TO** FRIOSCI FROSIS Conditions, if any, which gove rise to immediate **DUE TO** couse (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 119. WAS AUTOPSY PERFORMED? YES | NO IN 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED Doy, Year 20f. (City or town) (County) (Stote) Q. fl. factory, street, office bldg., etc.) Not while of work of work p. m. I cortify that I attended the deceased from. 19_2__Athat I last saw the deceased and that death accurred at M, from the causes and an the date stated above. ADDRESS (Street, city or lown, stole) DATE SIGNED ACTUAL 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stole) REMOVAL (Specify) Baltimore, Maryland Loudon Park Cem. urial-tran 0 **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE Bethesda. VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. &

SEP 18 1957

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OR ATTENDING PHYSICIAN: The low raquim that the death certificate be executed within 24 hours after death. Page 4 1		RECTOR: After this certificate has been signed by the attending physician and campletely fill to by the funeral director.	I be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages Vand 2 shauld be filled with	
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PHYSE	o lor o	his cer	use or	- 12
DING	ed by the hospital or attending physician.	After 1	hed for	100
ATTEN	by the	CTOR:	detac	A. B.
~	8	BE	Ā	-

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 9612

1. PLACE OF DEATH o. COUNTY

Montgomery

Takoma Park

RURAL and give nearest town)

b. CITY OR TOWN (If outside corporate limits, write

d. NAME OF HOSPITAE (If not in hospitol, give street oddress)
OR INSTITUTION

Washington Sanitarium & Hospital

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO

(Stote)

(County)

Reg. Dist. No 2. USUAL RESIDENCE (Where deceased fixed. If institution: Residence before admission) o. STATE b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) Washington D. d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NONE T805 Good Hone Rd. 4. DATE OF DEATH Month Day Year 1957 Rees September

Address

NAME OF (Type or print) John Davi d 5. SEX 6. COLOR OR RACE IF UNDER I YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years fost birthdoy) Months Days Hours Min DIVORCED [WIDOWED [Male White 100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CHIZEN OF WHAT COUNTRY? during most of working life, even if retired) Classified -- National Security Agency Wales America 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME William G. Rees Sarah Wells

17. INFORMANT

No. Hospital Records f8. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o),

Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port f or Port If of item 18.)

Middle

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

EDICAL

20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or lown)

foctory, street, office bldg., etc.) Hour a.m. Not while et work of work

21. I certify that I attended the deceased from X-23-57, 19, to 75 9-30-52, 19that I last saw the deceased , 19....., and that death occurred at A.M., from the causes and on the date stated above.

ADDRESS (Street, city or town, state) DATE SIGNED

220. BURIAL, CREMATION,	22b. DATE	THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. t	LOCATION (City	r town, or county)		(Stote)
REMOVAL (Specific	Mark	0-10-	0.0	11:00		1 -10	4 0	no	1
Burroy	09.	6-1951	Udan	1400	/	Juil	and	11/6	Y

23. FUŅIERAL DIRECTOR'S SIGNATURE 246. REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE

BUREAU K. &

1777 - 10:

15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No.

Months

e, IS RESIDENCE

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

12. CITIZEN OF WHAT COUNTRY?

merica

INTERVAL BUTWEEN

PERFORMED? YES NO I

(Stole)

Doys

(County)

that I last sow the deceased

ON A FARM? YES 🗍 NO 🔼

Year

195

Min

Burfau V. K.

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TIFICATE OF DEATH

2//	1											
		MOYITGO	mery		MARYL	- 11		ence (wh	ere deceased lived.	If institution: Resi		
		SIL ver	(If outside corporate limi	ts, write	c. LENGTH OF STAY II	N 16	Silve		utside corporate lim	its, write RURAL o	nd give nec	est lown)
3		OR CHANTION	ITAL (If not in hospitol, part Ave.	jiva street	oddress)		833 G	DORESS Fist	Ave.	/	1	ON A FARM? YES NO
		NAME OF DECEASED (Type or print)	L.	91	l Hickle	Rink	er		4. DATE OF DEATH	ept. 23	Day	Yeor 1957
	1	nale	white	7 MARR	IED NEVER MARRIED DIVORCED		4/8/8	32	9. AGI	(In years IFUNI birthday) Monti		Hours Min.
17	١.	gning most of we	ON (Give kind of work rking life, even if retired ate Opera		KIND OF BUSINESS OR	INDUSTR	Mt. J			12,	CITIZEN OF	WHAT COUNTRY
	13	emuel H	Rinker		٠			Elle	n Zirkl			
		WAS DECEASED EV	ER IN U. S ARMED FOR (If yes, give wor or dates of s	(CES? 16. ervice) 2	50CIAL SECURITY NO. 14-03-063	OCOP	RMANT 8 L.	inke	r 833 G	ist Ave	. S.	S. Md.
e de la company			ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o		ne for (o), (b), and (c)]	zel	real	-2	Heart	Disson	INTE	RVAL BETWEEN
		Canditions, if	DUE TO									B.
		gave rise to couse (a), stating lying couse lost	immediate DUE TO)								
, ,	CATION		THER SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO DEAT	H BUT NO	T RELATED TO	THE TERMI	NAL DISEASE CONI	DITION GIVEN IN	PART 1(o) 19	PERFORMED? YES NO 1
- OL LE	L CERT, FI	20g. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF	AS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRISE HOW INJURY OC	CURRED (Enter noture of	injury in f	art I or Part II of i	tem 18 }		
2	MEDICAL	20c. TIME OF INJU Havr a. m. p. m.	RY Month, Day, Ye	While	NJURY OCCURRED Not while k of work		OF INJURY (H y, street, office			n)	(County)	(Stote)
unol, cr		21. I certify I	hat I attended the	deceas	~ _4	77		1 1	カオ・23 QM, from the			w the decease
ם ם מ		ACTUAL SIGNATURE	Mario	, 5	Bangel	- ME) 9			y or town, stgle)	<u>ે</u> શ	9/23/2
to the state of th		PHYSICIAN'S NAME (Type)						Sil	wy Dy	zing,	ho	1
0	L	Paranti Secit	17 7 7 1		Glenwood				Washing			(Stote)
	řì.	FUNERAL DIRECTO	HINOS CO.	,290	ADDRESS 1 14th St	. N.	W.	24a. REC'0	D BY REGISTRAR	24b. REGISTRAR'S	SIGNATUR	Pu

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

BUREAU V. E.

SECEINED SE



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9717 **CERTIFICATE OF DEATH**

					112 91 01011 111	,					
PLACE OF DEATH	Montgomery	MARYLAND		o. STATE Virginia b. COUNTY Alexandria							
b. CITY OR TOWN RURAL and give Bethesda		c. LENGTH OF STAY IN TE		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Alexandria							
d. NAME OF HOSP OR INSTITUTION The Clin	ITAL (If not in hospital, give street ical Center, Bet	thesda 14, Md	d STREET ADDRESS	d STREET ADDRESS 5406 Seminary Road							
3 NAME OF DECEASED (Type or print)	James	Alfred	Roberts	4. DATE Mon	m p ember 2	7, 1957					
s sex Male	6. COLOR OR RACE 7. MARR	DIVORCED	December 20,	1915 9. AGE (In years last birthday)	Months Days	R IF UNDER 24 HRS Hours Min.					
100 USUAL OCCUPAT during most of wo I'elephone I	ION (Give kind of work done 10b. rking life, even if refired) nstaller	kind of Business or intellephone Co.	Washington		12. CITIZEN	A .					
13. FATHER'S NAME Samuel D.	Roberts		14. MOTHER'S MAIDEN N Myrtle Wea								
15 WAS DECEASEDEV (Yes no or unknown) NO	. Ett ves, gave wor or dotes of services	70 00 07/0		ical Record Addinter, Bethesda		yland					
	ATM (Enter only one cause per lin ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	Browchos	neumon	ia	07	TERVAL BETWEEN SET AND DEATH					
gave rise to couse (o), stating lying couse lost	immediate DUE TO	ONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	INAL D SEASE CONDITION GIV	EN IN PART I(o)	19. WAS AUTOPSY PERFORMED? YES X NO 1					
200 ACCIDENT W	AS UNDERLYING () 206. DESG	CRIBE HOW INJURY OCCUR	RED (Enter noture of injury in	Port 1 or Port II of item 18.)		1000 110					
ZOC TIME OF INJU		Not while	PLACE OF INJURY (Home, form factory, street, affice bldg., etc	-1	{County						
21. I certify to alive an Sex actual signature.	21. I certify that I attended the deceased from August 26, 157, to September 27, 1957, that I last saw the deceased alive an September 27, 1951, and that death occurred at 8:30 A.M., from the causes and an the date stated above. ACTUAL SIGNATURE ACTUAL SIGNATURE MD. The Clinical Center 9/27/57 National Institutes of Health										
NAME (Type)/	10-1-31	22c. NAME OF CEMETERY ADDRESS	OR CREMATORY	22d LOCATION (City towns D BY REGISTRAR 22b. REGIST		(Stote)					

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RECEIVELL 2 1957

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DECENVED

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	09714 /
FOR STATE	9719 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	eg. Dist. No. 214
CHEALIH DEPI. 유항 · 를	7. PLACE OF DEATH O. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceosed lived. If init bulion D. COUNTY D. COUNTY D. COUNTY	Residence before admission)
S S S S S S S S S S S S S S S S S S S	b. CITY OR TOWN III outside corporate limits, write RURAY c. LENGTH OF STAY IN 1b c. CITY OR TOWN (f outside corporate limits, write RURAY and give nearest town)	AL and give nyorest town)
Gord of the state	d NAME OF HOSPITAL OR NOTAUTION (If for in hospital, give street address) d STREET ADDRESS	ON A FARM?
nerol nerol cet 8	3. NAME OF DECEASED A DATE Month OF Month	YES NO NO Day Year
of the defer d	(Type or print) Aucholas Raymond Roseway SREATH 15. SEX 6 COLOR OR RACE 7 MARRIED NEWER MADE OF DIETH TO SEE TO LOS LIFETY 15. SEX	12 19 57
Mh. If and 3 1 2 miny 2 wild hours	male white WIDOWED & DIVORCED May 23-1886 7/ you	nths Days Hours Min
Poge I ond	during most of working life, even if refired) Allered Store Keepen D.C.	2 CITIZEN OF WHAT COUNTRY
Poges Poges Poges	13, FATHER'S MAINE 14 MOTHER'S MAIDEN NAME Place the A Mari	
Give Give	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL STOURITY NO 17. INFORMANT (If yet Bird wo or dates of service)	t. 42
withing and in ord in o	18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]	INTERVAL BETWEEN ONSET AND DEACH
Gecuted in the control of consist of control	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO Coronary Occlusion DUE TO	Ford dead
d be ey	Conditions, if ony, which by gove rise to immediate course (o), stating the underlying DUE TO	
shauland and a shauland a shaulan	COUSE TOST (c) PART II, OTHER'S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN H	N PART I(a) 19 WAS AUTOPSY
pendi pendi icol Eu rased cremo	Z Z	PERFORMED? YES NO S
word if Mediuld be	200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW NJURY OCCURRED (Enter noture of njury in Port I or Port II of item 18)	
GER: T	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While Not while of work of work of work of work 19 of	(County) (Store)
writin writin d to the ft: Page	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection	
CAL E	opinion death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermin	DATE SIGNED
MEDI be for ML DIR ignate	SIGNATURE TRANSPORT OF ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	0 10 3-7
EPUTY Cov h h its des	NAME (Type) / / / / / / / / / / / DEPUTY MEDICAL EXAMINER 2-	unty) (Stota)
5 24 5 0	Burial 9/14/57 Fort Lincoln Cemetery Colmar Manor 23 FUNERAL D RECTOR S SIGNATURE ADDRESS ADDRESS ADDRESS	, Md.
VS_A15ME 5M-2/57	F. Gasch's Sons Hyattsville Md. St.P 131957 Fre	nees Patter

BUREAU V. S.

SEP 13 1957

VS A15 (4) 15M 9/55

MARYLAND	STATE DEPARTMEN	T OF	HEALTH-	-BALTIMORE,	18
*					

1040	CERTIFICATE	OF	DEATH
9613	CERTIFICATE	VI	PLAIII

()9715 Reg. Dist. No. 223

1. PLACE OF DEATH a COUNTY	MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o STATE b. COUNTY							
Montgomery				an are the desired of the second of the seco					
b. CITY OF TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside carporole limits, write RUR	AL and give nearest town)					
Takoma Park	9 Days	Washington D. C. T.							
d. NAME OF HOSPITAL (If not in haspital, give stree OR INSTITUTION	r oddress)	d STREET ADDRESS	,	IS RESIDENCE ON A FARM?					
Washington Sanitarium &	Hognital	1259 New Ha	mnshire Ave.	YES NO					
3. NAME OF First	Middle		4. DATE Month	Day Yeor					
DECEASED (Type or print)	Taumanaa	E	OF DEATH	28 1957					
5 SEX 6. COLOR OR RACE 7. MAI	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years If last birthday)	UNDER I YEAR IF UNDER 24 HRS					
Female White WIDOW		1-3-87	lost birthday) A	Aontha Days Hours Min					
10a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State a	r foreign country)	12. CITIZEN OF WHAT COUNTRY?					
None		Norway		Norway					
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME						
Osten Sagen		Louise Siur	'Can						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO 17 H	NFORMANT	Address						
(Yes, no or unknown) (If yes, give wor or dots of service)		andtal Dansai) a.						
		ospital Record	18						
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:	2. (b), and (c)	o lo		INTERVAL BETWEEN					
IMMEDIATE CAUSE (a)	allmonary	Korma		Henry Was.					
3× DUE TO	1 1 10	0 4 4		11-1-					
Conditions, if ony, which) (b)	Lenholoton	me left		13 WA.					
gave rise to immediate DUE TO DUE TO									
lying cause last.									
Recent hysterectoms for carcinoma of endometrium YES ON NOT									
200 ACCIDENT WAS INDESTINATED TO 120h DE	A -LO TOWN OCCUPAGE	Ultra all and a	us Lan Part II of Jam 18 1	_ 165 B4 NO □					
PART II. OTHER SIGNIFICANT CONDITIONS RELECT HYSICANT CONDITIONS 200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of hijury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)								
	INJURY OCCURRED 20e PL	ACE OF INJURY (Home, form,	20f (City or Igwn)	(County) (State)					
Hour o.m. While	Not while for	lary, street, office bldg., etc.)		(220.1)					
p. m of wo	irk at wark		0						
21. I certify that I attended the decea	sed from LOST	1, 1957, 19 5	0 +70 , 1907	that I last saw the deceased					
alive an 2 / 4 Soft, 19	37, and that death	accurred at	M, fram the causes and	d an the date stated above.					
	12001		DORESS (Street, city or town, sta						
SIGNATURE M.D. M.D.									
PHYSICIAN'S A. J.	Wileta								
	13								
226. BUR AL, CREMAT ON, 226. DATE THEREOF 10/3/1957	Ft. Lincoln	Cemetery	22d. LOCATION (City, town, or Pr. Geo. Co.,						
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 2901	Lith St 240. REC'D		RAR'S SIGNATURE					
121° 0	1 / 7	9 0 (PDATE /	2-2-5-4 1 0	vii. Dada					
the white	rounder	DAIE / C	2-3/1-1	masn word					
	1/		4-	£ 3					

COS SILVER

ENUEVN K. Z.

BUREAU V. S.

SEP 13 1957

BECEINED

			AND S	STATE DEPA	ARTM	ENT OF HEALTH	-BALTI	MORE, 18	ሰባን	17 /			
		9720	7a ^	CERT	IFICA	TE OF DEATH	l		Rea. Dist. No.	216			
1	1. PLACE OF DEATH COUNTY Montgomery			, MAR	YLAND	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) Olistrict of Columbi County							
	b. CITY OR TOWN (If our RURAL ond give neares Bethesda	side corporate limit t tawn)	s, write	103 day		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington							
	d NAME OF HOSPITAL (If not in hospitol, give street The Clinical Center, Bet			thesda 14, Md.		3807 Bento		ON A FARMS					
	3 NAME OF First DECEASED (Type or print) Janet			Eileen		Sams Sams	4. DATE MOF SEP		mber 9,	19 57			
	5. SEX 6.		7 MARRIE WIDOWED	NEVER MARR		a. DATE OF BIRTH August 29, 19	218		Months Days	Hours Min.			
7		Give kind of work d	one 10b. KI	Name of the last o		TRY 11. BIRTHPLACE (Stole of Connect	or foreign coun		U.S.	WHAT COUNTRY			
	M3. FATHER'S NAME Eugene Mite	hell				14 MOTHER'S MAIDEN N. Mae Mar	_						
	IS WAS DECEASED EVER IN			9-28-4884	- 1	FORMANTThe Medi	cal Re			yland			
	Conditions, if any, gave rise to imme cause (a), stoting the lying couse lost.	VAS CAUSED BY MEDIATE CAUSE (o) DUE TO which diate Lader- (c)	M	etastotic Valig	De non	T Mel	luy à anos	Plemal	Effu	RYAL BETWEFN IT AND DEATH			
	200 ACCIDENT WAS U	NDERLYING [7]		MIRIBUTING TO DE		NOT RELATED TO THE TERMIN		ONDITION GIVEN	(IN PART 1(o) 19	PERFORMED? YES TO NO			
		CAUSE OF DEATH	المالية المالية										
	20c. TIME OF INJURY J Hour e. m. p. m.	19	While of work	URY OCCURRED Not while	fac	CE OF INJURY (Home, farm, lory, street, office bldg , etc.)			(County)	(Stote)			
To age	21. I certify that alive on Sept actual signature	attended the ember 9,	deceased 19 5			occurred at 1305 A The Clir	M, fram to DDRESS (Street Cal C	he causes and t, city or town, sta	d an the date	w the decease e stated above 91915			
	NAME (Type)	72b. DATE THEREO		225, NAME OF CEN		Bethesda		aryland		(Seet.)			
	Beener (Specify)	9-11-3	57	nation	inf.	mon Pack	Fal	les Cl	wind	(State)			
	23. PUNERAL DIRECTOR'S SH	scleal,	Horn	ADDRESS 4812	Ha C	Eur ne SEP	BYREGISTA	3524 REGIST	PAR'S SIGNATURI	homboo			

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

a 'A NV.

ECENAED S

1		MARYI	AND STATE DEPARTMEN	IT OF HEALTH—BALTIMO	ORE, 18
TOR ST	ATE	9610	EDICAL EXAMINER'S	CERTIFICATE OF DEA	TH 09718213
HEALTH I	DEPT	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived.	If institution, Residence before admission)
200 age	M	a. COUNTY montyon	ery MARYLAND	o state med	COUNTY MINTE
The state of		ond give nearest town)	E RURA C. LENGTH OF STAY IN 16	c. CITY OR TOWN (f outside carporate lim	
Seton Seton your		Rockhille	. 5 mm	Rockerlle	
d'rece d'rece	00	S. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, give street address)	d STREET ADDRESS	o, IS RESIDENCE ON A FARM?
erol sed h	01)	907 Granden	Cur	1910 Viers pril	Rel YES [NO [
deo		DECEASED	rel M.ddle	Lost S. A. DATE OF DEATH	Month Doy Year
be be		(Type or print) SEX 6. COLOR OR RACE	7 MARRIED NEVER MARRIED 1 B C	MAKELIC COULT	IF UNDER TYEAR IF UNDER 24 HES
H can a so a		ha . /	WIDOWED DIVORCED T	2 - 4 / 1 / 4/- Total brit	Months Days Haurs Min
ond S S		USUAL OCCUPATION (Give kind of work	dane 10b KIND OF BUSINESS OR INDUSTRI	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
2. de	(1)	during most of working life, even if retired)	OWN busINESS	110	M.S.C.
offer 33. 1, 198. 1, 198. 1	1. "	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	· W. S &
Pag PA PA		John Sc	hNEIder	Unknow	. 1 0
to he form		WAS DECEASED EVER IN U. S. ARMED FO		ORMANT	Address 301 Patronas of
4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		70	578-03-46-28h Trac	of C. Schneider & (A	on) Rockwill in
M. 18 ng v erm erm		18. CAUSE OF DEATH Enter only one co	use per line for (a), (b), and (c)		INTER AL BITWITE A CINSET AND DEATH
Ter gird		PART I. DEATH WAS CAUSED BY:	1 Coronary occ	lusion	sudden
fice fron		400. DUE TO	<i>T</i>		
riol or		Canditions, if any, which (E			
in in her bu		(a), stoling the underlying DUE TO			
sho ng comi			IDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDIT	
cote andi sed	0				PERFORMED?
dice a		20a, EXTERNAL CAUSE WAS	Ob DESCR BE HOW INJURY OCCURRED (Ent	er noture of injury in Part I ar Part II at Hem 1	8)
word word wid		PRIMARY OF CONTRIBUTING CAUSE OF DEATH.			
He He		20c. TIME OF INJURY Month, Day, Ye	f. dec	OF INJURY (Hame, farm, 20f, (City or town) y, street, office bldg., etc.)	(County) (State)
NE de la		Hour a m p m 19	ALIME TABLADIE		
AMI Pag		21. I certify that I took charg	e of the remains described obove	e, held an Autopsy 🔲, 🛮 inspection	on 🔀 Linquiry 🛣, and in my
Sed Sed		apinian death resulted fram.	Natural causes 😡 , Accident 🗀	, Suicide 🔲, Homicide 🔲, 🗆	Undetermined manner
CAI		ACTUAL 7	Q 1 1		DATE SIGNED
Cert for DIR	*	SIGNATURE SACON VI	more heart	M D CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	
RAL be sig		EXAMINER'S FANK	J. Broschart	DEPUTY MEDICAL EXAMINER	9/5/57
A U S I		BURIAL CREMATION 226 DATE THERE	The same of the sa		y, tawn, or county) (State)
0 2 4 0 9		REMOVAL (Specify) Burial 9/9/	57 Forest Oak		rsburg, Maryland
VC Aleuk	_	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	74 REGISTRAR 2	46. REGISTRAN'S SIGNATURE
5M 2/57	1,5	obert A. Pumphre	y Bethesda, Mary	land DATE 9 1957	Lawrell Juglay

LEGT 6 das

BUREAU V. S.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4.

50

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9721

CERTIFICATE OF DEATH

-										Mall: Bitt'	140 0 - 0	
1.	PLACE OF DEATH	ontgomery (MARYLA	2.	usual resid o STATE Kansa	DENCE (WIN	ere decease	d lived, If institut b. COUNTY	oni Residence	before admission)	
	 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 			c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Osborne						
	Bethesda	157 days										
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION					d STREET ADDRESS					e. IS RESIDENCE ON A FARM?	
		cal Center,	Beth	nesda 14, Md.	•	222 1	North	First	Street		YES NO 2	
3.	NAME OF DECEASED	Fin	şî .	Middle		las		4. DATE	Mor	nth	Day Year	
Н	(Type or print)	Gayb	ert	Phil		Schro	oeder	DEATH	September		21, 19 57	
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8 D	ATE OF BIRTH	1		9. AGE (In years last b rihday)		YEAR IF UNDER 24 HRS	
	Male	White	WIDOWE	DIVORCED] No	vember	10,	1926	30 yrs	Months D	nys Hours Min.	
10	USUAL OCCUPATION	ON (G ve kind of work of	ione 10b.	KIND OF BUSINESS OR I	NDUSTRY	11. BIRTHPL	ACE (State o	or foreign c	auntry)	12. CITIZI	EN OF WHAT COUNTRY	
1	Lumber Buy	/er		Lumber		Nebra	iska			U	. S. A.	
13	, FATHER'S NAME				14	MOTHER'S	MAIDEN N	IAME				
	Ernest P.	Schroeder				Edytl	1 Skew	ves				
15	WAS DECEASED EVE	R IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	7. INFO	MANT TI	ne Med	lical	Record	ress		
ľ	Yes	WW II	50	7-36-9526							, Maryland	
F	IB CAUSE OF DEATH [Enter only one couse per line for (a), (b) and (c)]								INTERVAL BETWEEN			
L	PART I. DEATH WAS CAUSED BY: Immorrary insufficiency										ONSET AND DEATH	
L	192X DUE TO O											
	Conditions, if any, which) (b) Interstite characterisms										7moz.	
	gove rise to immediate											
	cause (a), stating the under- DOE TO lying couse last, (c) (c)											
NO.	PART H. OTI	IER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH	BUT NOT	RELATED TO	THE TERMIN	NAL DISEAS	E CONDITION GIV	VEN IN PART I	(o) 19. WAS AUTOPSY PERFORMED?	
Ž											YES NO	
CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	TRIBE HOW INJURY OCCU	JRRED. (E	nter nolyre of	Injury in P	ari I or Par	t It of item 18.)			
MEDICAL									(Cor	enty) (Stole)		
MED	Haur o, m, p. m,	19	White at warl	Not while	locidry,	street, diffice	blag , elc.	'				
	21. I certify that I attended the deceased from. April 17, 1957, to September 21 1957, that I last saw the deceased											
L	alive an September 21, 19 57, and that death accurred at 2:550 M, from the causes and an the date stated above.											
		ADDRESS (Street, city or town, stote) DATE SIGNED										
	SIGNATURE Ollan A Doutner Mp. The Clinical Center								9/22/57			
		National Institutes of Health										
	PHYSICIAN'S NAME (Type)	ALLEN D. GO	DODMA	N, M. D.		Bet.	hesda	14, 1	laryland			
22	O. BURIAL CREMATIO	N. 226. DATE THEREO		22c. NAME OF CEMETER	Y OR CR	EMATORY			TION (City town		(State)	
E	Burnor Train	sit 9/22/	57	Imperial					se Coun		raska	
23	FUNERAL DIRECTOR	S SIGNATURE	10 - 41	ADDRESS	lond			BY REGIST		STRAR'S SIGN	ATURE	
1	Robert A. Pumphrey-Bethesda, Maryland											

TO FUN

may ! DIRECTOR: After this certificate has been signed by the attending physician and campletely fill page 2 yearly be detached far use as the burial-transit permit. Then please remove carbon papers. Pages the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

SUREAU V. S.

SEP 28 157.

VS A15 (4) 15M 9/55

MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18	09720
9722	CERTIFICATE OF DEATH		g. Dist. No.

	1. PEACE OF DEATH o COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)										
	,	Montgomery			MARYL	MARYLAND		o. STATE Maryland b. COUNTY Montgomery							
		b. CITY OR TOWN (If outside corporate limits, write c.			c. LENGTH OF STAY IN 15		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
		RURAL and give nearest fown) Bethesda			73 days		5/ S	ilvar	Sprin	Ø.					
	,	d NAME OF HOSPITAL (If not in hospital, give street oddress)					d STREET A		14 1/2 de 20	<u> </u>		e. 15	RESIDENCE		
	The Clinical Center, Bethesd			thesda 14.	Md.	/ 8	/ 8737 Carroll					ON A FARM? YES NOTE			
	3 1	NAME OF	Fir		Middle		lost 4. DATE			Mo	nth.	Day	Yeor		
	(Type or print) Alfred		d	James		Serbi	n	OF DEATH	Septe		23.	19 57			
1	5 SEX 6. COLOR OR RACE 7. MARRIED		RIED TNEVER MARRIED			DATE OF BIRTH		9. AGE (In years IF UNDER lost birthday) Months			INDER 24 HRS				
i		Male	White	WIDOW		_	November	r 26,1	1904	52 yrs.	Months	Days Ho	ours Min.		
40	100	. USUAL OCCUPATION	N (Give kind of work i	ione 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPL	ACE (Stole o	or foreign co		12. CITI	ZEN OF W	HAT COUNTRY?		
di.		Research			Government		Can	ada			t	J.S.A.			
	13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME		-		-		
/		Solomon Serbin					Fan	ny Blo	oom						
	15	WAS DECEASED EVER		CES7 16	110177098 NO	17 17	FORMANT Th	e Medi	Ical R	ecord Add	Irons				
/	(10)	Last inc. ps. duradown) fit ARY Blue was as societ as resource) T [() \ (() \ () \ () \ ()							enter,	nter, Bethesda ll, Maryland					
		18 CAUSE OF DEAT	H [Enter only one co	use per lu	ne for (a), (b), and (c).]	·						LINTERVA	L BETWEEN		
		PART I. DEAT	H WAS CAUSED BY:	CAR	CINOMA RU	uT	LUNG					ONSET	AND DEATH		
		163X	DUE TO			-	DR Y /: .Y								
		Conditions, if ony, which (b)													
gove rise to immediate couse (a), stating the under-															
lying couse lost. (C)															
	Ž	PARE II. OTHE	R SIGNIFICANT CON	DITIONS (CONTRIBUTING TO DEAT	TH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GI	VEN IN PART	1(o) 19. Vi	AS AUTOPSY		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)											KOK NO				
	CEMINE														
		(IF EITHER, NOTIFY A	AEDICAL EXAMINER)												
	MEDICAL	20c TIME OF INJURY Hour o.m.	Month, Day, Yes	20d. II While			CE OF INJURY (I			or town)	(Ci	ounty)	(Stole)		
	MEC	ρ. m.	19		k at work			9.1	1						
		21. I certify the	it I attended the	deceas	ed fram July	12	19.57	, to Sen	tembe	r_23.1957	that I la	ast saw t	he deceased		
			ember 23,			deoth	occurred at	2:15p	M, from	the couses	and on th	e date s	tated abave.		
				-						reet, city or town,			DATE SIGNED		
1		ACTUAL SIGNATURE	would be	_	Invene.	,	A.D The	e Clir	nical	Center			9/23/57		
4		PHYSICIAN'S THE	TIADD II 30	200	16 B		Na	tional	Inst	itutes c	f Heal	th			
		NAME (Type)	WARD W. M	JOHE,	М. D.		Be	thesda	14, 1	Maryland					
	220	BURIAL, CREMATION REMOVAL (Specify)	226. DATE THEREO	F	22c. NAME OF CEMET	_	CREMATORY		22d LOCAT	ION (City, fown,			Stote)		
	_	rial	9/25/57		Arlington 1	Vati	onal Cer	neter	y Arl	ington,	Va		/L		
	23	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			240 REC'D	BY REGISTS	AR 246 REG	STRAR'S SIGI	NATURE	,		
	B	ernard Dan	zansky & S	ons	3501 14th	St	N.W.	€ 3π	7.1	1. /Je	aux	Mo	mbarn		

RUREAU V. S.

DECENALED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9723 CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a COUNTY District of Columny filed MARYLAND Montgomery haurs ofter death. erol b. CITY OR TOWN (If autside corporate limits, write c. CITY OR TOWN (If outside carporole limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest lown) placate Washington Bethesda Rural days d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION 1820 Fort Davis Street, S.E. U.S. Naval Hospital, Bethesda, Md. NAME OF Middle 4. DATE DECEASED within 24 Sylvia BElle SESSIONS September DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER I YEAR IF UNDER 24 HRS 5. SEX B. DATE OF BIRTH 9. AGE (In years last birthday) Days White Female WIDOWED 3 DIVORCED [on popers. Sept. 1912 400 USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) and Housewife None Kansas offer 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Florence Haley William BOYD 72 hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 0 (Same As (Sister) Mrs. Leola L. BOYD Unknown 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b) and (c)] ä PART I. DEATH WAS CAUSED BY: multiforme IMMEDIATE CAUSE (o) DUE TO ony permit. Canditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying couse last. buriof-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19, WAS AUTOPS 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) factory, street, office bldg , etc.) Haur o m While Not while of work of work 21. I certify that I attended the deceased from 19 August 14 Sept. ...that I last saw the deceased detached 57___, and that death accurred at 6: 40A • M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL M.D. U.S. Naval Hospital, Bethesda, Md. å prior

P HOSPITAL 25.7 9 VS A15 (4) 15M 9/55

Troy, LCDR, MC, USN U.S. Naval Hospital, Bethesda, Md.

22g. BURIAL, CREMATION,	22b. DATE THEREOF	22c NAME OF CEMET	ERY OR CREM	AATORY		CATION (City, town, o		(Sto
REMOVAL (Specify) Burial	9-17-57	Arlington	Natl.	Cemeter	У	Arlington,	Virginia	. 7
23. FUNERAL DIRECTOR'S S	GNATURE OTTENS	ADDRESS		24a. F	REC'D BY REC	GISTRAR AND REGIS	TRAR'S SIGNATURE	FR

PHYSICIAN'S

NAME (Type)

3.1. Washington, D.C. IDATE 9-14-5

e. IS RESIDENCE

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (Stote)

DATE SIGNED

U.S.

ON A FARM?

YES NO R

Yeor

195

Min

BUREAU V. S.

SEP 11 122.

VS A15 (4) 15M 9/55

0

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

09722 Reg. Dist. No. 215

1. PLACE OF DEATH o. COUNTY Montgome	ery	15 1	MARY	(LAND	2 USUAL RESIDENCE (WI		B lived. If institute b. COUNTY	on: Residence be	fore admission)		
b. C TY OR TOWN (III RURAL and give re Bethesda (Ri	outside corporate limitarest town)	ls, write	46 days	IN tb	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Hamden						
d. NAME OF HOSPIT OR INSTITUTION U.S. Naval	AL (If not in hospital, o Hospital,	Be th	oddress) esda, Md.		d STREET ADDRESS 1692 W	hitney	Ave.,		e. IS RESIDENCE ON A FARM? YES NO		
3. NAME OF DECEASED (Type or print)	Georg		Middle Arthur		SHARP	4. DATE OF DEATH			Day Year 3 19 57		
s. sex Male	White	WIDOWI	Sec. of	D C	8. DATE OF BIRTH 12 March 190		9 AGE (In years lost birthday) 51 yrs.	Months Doys	Hours Min.		
Mariner	N (Give kind of work ing life, even if retired	1 1	kind of Business out. S. Navy	OR INDUS	TRY 11. BIRTHPLACE (Stote Connect		suntry)	12 CITIZEN	OF WHAT COUNTRY		
Arthur SH					Loraine PA						
	R IN U. S ARMED FOR If you give war or dates of s nd II	HYICE}	social security no known		nformant s. Fredericka	SHAR	Add P, (Wife)		:As #2)		
CATI	nmediote DUE TO	DITIONS (NOT RELATED TO THE TERMI			EN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO		
OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJURY Hour o.m.	S UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Yes	r 20d 11	NJURY OCCURRED Not while	20e PL/	ACE OF INJURY (Home, form	ı, † 20f. (City		(Count)	y) (State)		
actual SIGNATURE	at I attended the	-, 12.5	7, and that	death	W.D. U.S. Nava	_M, from ADDRESS (St L Hosp	n the causes of reet, city or town, ital, Be	nd on the d	Md. 9-3-5		
PHYSICIAN'S W. I NAME (Type) W. I 200 BURIAL, CREMATION REMOVAL (Specify) BUR 141			CAPT, MC, 22c NAME OF CEM Ar-lington,	ETERY O	U.S. Naval R CREMATORY Il Cemetery	22d LOCAT	ital, Ber non (City, town, or rlington,	or county)	(Stote)		
R. A. Prampha	P. M. Land	/scor	ADDRESS .		240. REC	D BY REGIST 9-3-57	RAR 241 PEGIS	STRAR'S SIGNAL	Janual.		

BUREAU V.Z.

. 2961 9 62

BECEINED

executed within 24

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

25P PA 1957

MENERA EM

1.	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()9724
FOR STATE	972 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 2 14
HEALTH DEPT.	1. PLACE OF DEATH o. COUNTY Montgomery MARYLAND 2. USUAL RESIDENCE (Where deceased lived If Institution Residence before admission) o STATEMARYLAND O STATEMARYLAND O STATEMARYLAND
our files	b. CITY OR TOWN (If outs de cerparete limits, write RURAL and give nearest fown) C. CITY OR TOWN (If outs de cerparete limits, write RURAL and give nearest fown) Kensington C. CITY OR TOWN (If outs de cerparete limits, write RURAL and give nearest fown) Kensington
s neces:	d NAME OF HOSPITAL OF INSTITUTION (If not in hospito, give street address) 3930 Washington St. 3930 Washington St.
deloy e S	3 NAME OF DECEASED (Type or print) Margaret Simpson Sheppard OF DEATH Sept 1, 1957
If any 3 ta th noy be with th urs after	5. SEX 6 COLOR OR RACE 7. MARRIED 1 8 DATE OF BIRTH 1 ST 1 SEX 1 SEX 1 OF COLOR OR RACE 7. MARRIED 1 8 DATE OF BIRTH 1 OF
r death. 2. and Page 5: and 2 and 2 n 72 har	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life even 1 retired) Own home Mexico USA
pages 1, pages 1, pages 1 mithi	13. FATHER'S NAME Wm. P. Simpson Lillie
Give In File	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT (Yet, no., or unknown) (II yet give wot unknown) Item 2
could be executed within in pencil in Rem, 18. niner's Office along wing bornid a burial-transit permit at removal, and in in, ar removal, and in	IB CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c) PART 1 DEATH WAS CAUSED BY. MMEDIATE CAUSE (o) Carcinema of left breast with metastasis DUE TO Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost.
pending pending dical Exer- se used as	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO TO THE TERM NAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED (Enfer nature of injury in Port 1 of item 18.)
NER: This ce ng the word he Chief Me je 3 shaufd E ior ta burial	20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CONTRIBUTING CAUSE OF DEATH 20b. TIME OF INJURY Manth, Day, Year Hour a.m. p. m. 19 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of item 18.) (Cause of injury (Home, farm, 20f (City or town) (County) (State)
EXAMILIE, writing ded to to OR: Page	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection 24, Inquiry 45, and in my opinion death resulted from: Natural causes 25. Accident, Suicide, Homicide, Undetermined manner
AEDICAL Certif or forwor DIRECT noted =	SIGNATURE Jacont J. Brontout M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED
NE (AL	EXAMINER'S NAME (Type) Frank J. Broschart DEPUTY MEDICAL EXAMINER D 9/2/57
TO DE	220. BURIAL CREMATION 2245 DATE THEREOF PT. LINCOLN CREMATCRY Prince George County, Md.
VS A15ME 5M 2, 57	23 FUNERAL DIRECTOR'S SIGNATURE CLUVERUR & TEENSPHERY Silver Spring, Md. 240. RECD BY REGISTRAR 246 REGISTRAR'S SIGNATURE DATE 5

DECENTED

BUREAU V. E.

		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	09725
illi)		9727 CERTIFICATE OF DEATH	Dist. No. 2/10
"/			nTgomero
		b. CITY OR TOWN (If outside corporate limits, write RURAL and RURAL and give nearest town) C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and RURAL a	give pearest town)
+	L.	Suburban Hospital 4/2/ Woodbine Street	ON A FARM
		DECEASED (Type or print) ERNEST R SLADE DEATH SEPT	/8 19 5
· ·		Male white WIDOWED DIVORCED 7/31/96 lost birthday) Months	Pays Hours Min
I	1	1. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ARVY DEPT. Glovers Ville, NY FATHER'S NAME 14. MOTHER'S MAIDEN NAME	Ame rice
		albert farsons Slade Alice Harrison WAS DECEASED EVER IN U. S. ARMED FORCES? [16, SOCIAL SECURITY NO. 17, INFORMANT Address	Cherry Ol
	(Ye	5. no. or unknown) 1 (If yes, give war or dates of service) none Mrs. Alice Slade 4/2/ List	odline St
		IB. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Myocardial Infarction DUE TO	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if eny, which by Coronary Thrombosis	10 hrs
	Z	couse (o), stoting the under- lying couse lost. (c) Coronary Arteriasclerasis Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	ART 1(a) 19 WAS AUTOP
	CERTIFICATION		PERFORMED? YES NO
		20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town)	16.
	MEDICAL	Howr a. gs. While Not while of work at wark	(County) (Sta
		21. I certify that I attended the deceased from 4118	last saw the deced the date stated abo
i		ACTUAL SECURIT Colophe M.D. 3921 Ingomar St. W. Les	DATE SIG
		PHYSICIAN'S Stewart Clapp wash 1500	
1	βu	BURIAL CREMATION 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Gloversville, New York and Street Glov	ew York
		FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert A. Pumphrey-Bethesda, Md. ADDRESS DATE 9-19-57 13-44.0	IGNATURE -

SEE S. 122.

BUREAU V. S.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death; Page 4	may by Prained by the hospital or attending physician. TO FUN DIRECTOR: After this certificate has been signed by the attending physician and commetely fill to the funeral director.	1	-
, N	S A15	14	
1	5M 9/	55	

1 5	COUNTY MC	ntgomery		MARYLA	ž	O. STATE D. C.	Where decease	b COUNTY		efore admi	ssion)
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	OR INSTITUTION	on Sanit	ariu	oddress)		d STREET ADDRESS 5726 1st		· · · · · · · · · · · · · · · · · · ·	, , , , ,	ON	SIDENCE A FARM? NO 3
3 (NAME OF DECEASED Type or print)	MOEN	GKZ	Middle	SDE	Lost RASETSA	4. DATE OF DEATH	Septen		Day	Yeor 19 57
5. S	ale	6. COLOR OR RACE White	7 MARRI WIDOWE	D DIVORCED	7	DATE OF BIRTH		9. AGE (In years lost birthdoy)	Months Day		
100 C	usual occupation during most of work hancello	N (Give kind of work ing life, even if retired Property Company)	y of	Republic	of		le or foreign o	country)	12. CITIZEN	OF WHA	T COUNTRY?
13.	FATHER'S NAME			Indones	18	14, MOTHER'S MAIDEN					
15	unobtair	18018 I IN U. S. ARMED FOR	CE\$2 14 5	SOCIAL SECURITY NO	17 BMF	unobtair	nable	Add	lress.		
[Yes		If yes, give wor or dotes of		SOCIAL SECURITY INO	_	Imbassy Re	ecords				
CERTIFICATION	Conditions, if or gove rise to in couse (a), stating I lying couse lost. PART II. OTH	the under to the u	ST.	Nupre Nith				SE CONDITION GIV	vien)	PERF	melin
MEDICAL	20c. TIME OF INJURY Hour o.m. p. m.	Month, Day, Ye	or 20d. IN While at work	Nat while	Oe. PLAC	E OF INJURY (Home, for ry, street, office bldg., a	rm, 20f. (Cit	y or town)	(Coun	ty)	(Slate)
	actual signature	at Lattended the	decease , 192	it, and that d		., 1957, to coursed at 455 p. 909 (Sac)	*			date sta	
	BURIAL, CREMATION REMOVAE TOPICHY!	9/10/57)F	Ft.Linco	ln (Cemetery	Pr.	Geo. Co.	, Mary	rland	ite)
	funeral director's		,290		ash. N	D.C. 240. RE	C'D BY REGIS	TRAR 24b REGI	STRAR'S SIGNA	TURE	Sode
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led by the differenting physician and completely fill	stmit. Then please rankove carbon papers. P	any event within 7
	ermit.	dny e

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9729 **CERTIFICATE OF DEATH**

								Kug. Dill.	. 110,	20 90
1. PLACE OF DEATH o. COUNTY	Montgomery		MARYLA	- 11	USUAL RESIDENCE (WO. STATE NEW J	here decease	d lived. If institut b. COUNT		before ac	lm(ss:on)
b. CITY OR TOWN RURAL and give r	(If outside carporate limi nearest town)	ts, write	c LENGTH OF STAY IN 7 days	Ъ	c. CITY OR TOWN (IF		prote limits, write	RURAL and giv	re negrest	lawn)
d NAME OF HOSPI OR INSTITUTION The Clin	ITAL (If not in hospital, g ical Center	Bet	chesda 14, Me	d.	d. STREET ADDRESS 66 Hu	rd Str	eat		0	RESIDENCE ON A FARM? S NO A
3. NAME OF DECEASED (Type or print)		erick			Sohm	4. DATE OF DEATH	Sept	embe r	23,	Year 1957
s. sex Male	6. COLOR OR RACE White	7 MARR	NEVER MARRIED	_	tober 30,	1911	9. AGE (In years last byrthday) 45 yrs	Manths D		JNDER 24 HRS Jurs Min.
Supervisor	ON (Give kind of work or king life, even if retired of Assembl	dane 10b.	KIND OF BUSINESS OR II Machinery		New Jers	еу	ountry)	1	S.A.	HAT COUNTRY?
13. FATHER'S NAME	0 0 1			14	MOTHER'S MAIDEN					
	n G. Sohm	cesa li	social contratty and Tr	7 451500	Julia Ko					
No No	ER IN U. S. ARMED FOR (II yes, give war or dates of c	ervice)	山山-07-8093		MANTThe Med Clinical C				Maryl	Land
PART 1. DE. / Y X Canditions, if a gave rise to cause (a), stating lying cause last	the under-	Into Mali	sinoud Melan sinoud Melan	nomė	metosoti skin, righ	y man		longs Egion	ONSET A	MUS
CATE	AS UNDERLYING		CRIBE HOW INJURY OCCU					VEN IN PARI	PE	ERFORMED?
■ OR CONTRIBUTING	CAUSE OF DEATH	EUO. BESC	ENION FROM INJUNE OCCU	ANCO. (L	near neare or injury in	1011101101	111 (21 116/11 10)			
20c. TIME OF INJU Haur a. m. p. m.	10	While	Not while of work	e. PLACE factory,	OF INJURY (Home, farr street, affice bldg , et	n, 20f. (City	or lawn)	{Co	unty)	(Stole)
alive an Sep	hat I attended the tember 23. Liver L. W. M. M. M.	19.5	non		turred ot3:35 The Cl Nation	PM, from ADDRESS (Sinical Instal Instal		and an the	date s	
220. BURIAL, CREMATIC REMOVAL Specify BUT 1AI	ON. 226. DATE THERECO)F	Locust Hi		EMATORY	DOVE	r, New	or county) Jerse		(State)
23. FUNERAL DIRECTOR Robert A		у-Ве	the sda, Md.		_	D BY REGIST	. 1.17	ISTRAR S SIGN	Llon	y kason

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BUNEAU V. S.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission a. COUNTY Montgomery O. STATE **6. COUNTY** Md MARYLAND b. CITY OR TOWN (If pulside corporate limits, write BURAL CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chase Chevy Chase Chevy 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 3805 Raymond Street 3805 Raymond Street YES NO 3. NAME OF Middle Year DECEASED John Gardner Squires 1957 (Type or print) DEATH September 27 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 19 B. DATE OF SIPTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. buthday) Months whitewidowed | male DIVORCED | 66 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Examiner-Federal Dept. Illinois UBA Ins.Corp. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 24 h. Poges 1 Katherine Gardner Edward Cyrus Squires 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Edward C. Squires 3805 Raymond St.CC.Md TOS 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH Cardiae Failure -PART I DEATH WAS CAUSED BY: 5 Wee IMMEDIATE CAUSE (a) **DUE TO** Conditions, If any, which gave rise to immediate couse **DUE TO** (a), stating the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 166/19 WAS AUTOPSY PERFORMED? NO F 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, l'Enter nature af injury in Part I at Part II af item 18.) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. Month, Day, Year 20e. PLACE OF INJURY (Hame, form, 20c. TIME OF INJURY 20d. INJURY OCCURRED 20f. (City or lawn) (County) (State) factory, street, office bldg., etc.) Not while at work at work p. m. 21, I certify that I took charge of the remains described above, held on Autopsy Inspection 77 Inquiry 7, and find that deoth resulted from: Notural couses (A) Accident (1), Suicide (1), Homicide . Undetermined couse DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER 00 SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** John G. Ball DEPUTY MEDICAL EXAMINER NAME (Type) 22b. DATE THEREOF 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) Arlington, Virginia Arlington Nat. Cemetery huria] Wash, 23. FUNERAL DIRECTOR'S SIGNATURE D. C 4 34 24b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR VS. A15ME(5) S.H. Hines Co. . 2901 14th St.N.W.. 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VS A15 (4)

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MARYLAN	ND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18	799 /
9732	CERTIFICA	ATE OF DEATH Reg. Dist.	1733/4 1
TECHI	TRY MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution) Residence & o. STATE MT), MT I T G ILL E COUNTY	pefore admission)
de corporate limits, we lown)	e. LENGTH OF STAY IN 16 9 VEARS	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	nearest town)
not in hospital, give si	ireet oddress)	d STREET ADDRESS 1 1908 ALCGUST DRIVE	e. IS RESIDENCE ON A FARM? YES NO []
SADIE	ICST PHI	Lost ART OF DEATH SEPT.	Day Year 8 19 5 7
	MARRIED NEVER MARRIED DOWED DIVORCED	B DATE OF BIRTH JAN 13, 18 7 7 9 AGE (In years FUNDER 1 Y Months Da	
ve kind of work done e, even if retired) by L. I.	106. KIND OF BUSINESS OR INDUS	CHARLES COLUMN MARYLAND US	N OF WHAT COUNTRY?
M. 77	P'CCTC12	14. MOTHER'S MAIDEN NAME IDA BENNEX	
J. S. ARMED FORCES? give war or dates of service)		NFORMANT Address 1908 IR STANLTY ROUGH: 117 415	A SESTINGED
Enter only one coure p AS CAUSED BY: EDIATE CAUSE (o)	per line for (o), (b), and (c)]		INTERVAL BETWEEN DISSET AND DEATH
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	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(PERFORMEN?

20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) While Not while of work of work 21. I certify that I attended the deceased from 19.5 Zithot I lost saw the deceased and that death occurred at 5.5.7.M, from the causes and on the date stated above. ADDRESS (Sireel, city or town, stote) 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fawn, or county) (Stote) Cedar Cemeterv Prince George Maryland ADDRESS Silver 240 REC'D BY REGISTRAR 245 REGIETKAR'S SIGNATURE

SEG TO 1825

BUREAU V. S.

1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, T8
73		9620 CERTIFICATE OF DEATH Reg. Dist. No. 733
director files with		PLACE OF DEATH O. COUNTY O. STATE O. ST
funeral funeral		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
by the offer of 2 sha		d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS 243 E. MONTG AVE SESIDENCE ON A FARM? YES NO
ii 24 ho	3.	NAME OF DECEASED (Type or print) Name OF DECEASED (Type or print) Name OF DEATH SEAT 8 1957
pletely ars. Pag		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yours lost birthday) Months Days Hours Min Min Days Hours Min Days Min Days Hours Min Days Hours Min Days Min D
ond cam ban pape	Ł	dust of USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? A I N T C T A S
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ing physe remains to the secretification of the secretarian of the sec		WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address 1025 Ball les. 10, og unihorom) (If yea, gives wor or dates of service) 2/2-14-3292 MAYSHALL R. STreAM- Rockwille Md.
the deal e attence en plea nt within		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Recult concerang occlusion Recult
a that I		Conditions, if ony, which gove rise to immediate (b) Willewoodlerosis & moderate hyperthesis in years
ion. In signe	7	cause (a), stating the <u>under-</u> lying cause lost. (c)
The law a physic has bee urial-tra maval,	FICATION	
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PHYSI ital ar o this cer or use o rrematio	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. NJURY OCCURRED Hour a. gr. Hour a. gr. 19 While of work of w
ENDING he hasp R: Affer oched f burial, o		21. I certify that I attended the deceased from 19 that I last saw the deceased alive an alive and that death accurred at 19 the fram the causes and an the date stated above.
OX ATT		ACTUAL SIGNATURE 1 ACTUAL SIGNAT
STANICA P	200	PHYSICIAN'S NAME (Type) Wm A. Linthicum Southeesburg, Tag.
Poge the re	E	o. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION/(City, town, or county) (State) REMOVAL (Specify) POPEST Oak Gaithershipe Maryland FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS
YS A15 (4) 15M 9/55		Robert A. Pumphrey, Bethesda, Ud. DATE 9/10/57 Rawell Knaylorp

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BUREAU V. R.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE EALTH DEPT. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission o. COUNTY Montgomery Maryland Montgomery MARYLAND b. CITY OR TOWN Shoutside corporate timits, we to BURAL c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RLRAL and give nearest lown) Silver Spring Vrs. Silver Spring d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e 15 TE F ... E ON A FAPAL 9505 Black Oak Cts. 9505 Black Oak Cts. YES NO IX 3 NAME OF DATE Middle Lost 4. Yeor (Type or print) Sublett DEATH Sept. 22, Bennie Jeane 19 6 SLOR OF RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE on years 5. SEX IF UNDER TYPAR IF UNDER 24 HPS 9 5 may 2 with Months 62 Female White WIDOWED DO DIVORCED [1895 Poge 5 r l and 2 v in 72 hau Go USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Own home U.S.A. Housewife Coveburg. Va. 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address Iff you give war or dotes of service! Mrs. Bonnie Jean Attreed Item 2 None No 18 CAUSE OF DEATH [Enter only one couse per line for (a) (b), and (c)] INTERVAL BETV EF I PART I, DEATH WAS CAUSED BY-Coronary Occlusion sudden 음을 IMMEDIATE CAUSE (o) 420.1 **DUF TO** Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)19. WAS AUTOPSY PERFORMED? NO 🔀 History of previous hert attacks 206 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of item 14) 20a EXTERNAL CAUSE WAS PRIMARY D or CONTRIBUTING D CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 120f (City or fown) (County) (Stole) factory, street, office bldg., etc.) While Not while at work at work 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection 🛣 Inquiry 📆 opinion death resulted from Natural causes K. Accident ... Suicide , Homicide , Undetermined monner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE : 9/23/57 ASSISTANT MEDICAL EXAMINER EXAMINER'S Frank J. Broschart, M.D. DEPUTY MEDICAL EXAMINER 220 BUR AL CREMATION 226 NAME OF CEMETERY OF CREMATORY 22d LOCATION (City, Iown, or county) REMOVAL (Spe ily) MONTGOMERY COINTY, MARYLAND **ADDRESS** 24g REC'D BY REGISTRAR 246 DEGISTRAR'S SIGNATURE Silver

BUREAU V. S.

SEP SA 1957

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9621 CERTIFICATE OF DEATH Reg. Dist. No. 2/3 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) 艄 STEEL ST o. COUNTY o. STATE b. COUNTY Montgomery MARYLAND Montgomery Marvland b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give rearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) the func Rockville Rockville d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION Manor Club 1108 Great Oak Rd. Manor Club Estates 1108 Great Oak Rd. Retates NAME OF Middle Less 4. DATE Day DECEASED Sullivan 29 (Type or print) James Eugene DEATH September 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8 DATE OF BIRTH 9. AGE (In years last birthday) April 23, 1900 Months Days Male White DIVORCED | WIDOWED [yrs. 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stale or foreign country) ARTONAUTICAL 12. CITIZEN OF WHAT COUNTRY? death. puo Instrument Co. Franklin. New Hampshire U.S.A. Manager carbon after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alice Welch Dennis Sullivan move hours IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address ending -36-1:91:2 Yes Dr. James R. Sullivan Item #2 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (t)? INTERVAL BETWEEN ONSET AND DEATH 7 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO á ij. any Conditions, if any, which signed gave rise to immediate 15 e **DUE TO** couse (o), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Day, Year 20f. (City or town) (County) factory, street, office bldg., etc.) o. ft. While Not white at work ol work p. m.

21. I certify that I attended the deceased from

Jacob W. Bird

alive on

ACTUAL SIGNATURE

PHYSICIAN'S

NAME (Type)

REMOVAL (Specify) Buria.

Ž ō 0 FUNE 0

VS A1S (4) 15M 9/55

Ahat I last saw the deceased and that death occurred at A_ M, from the causes and on the date stated above.

ADDRESS (Street, city or town, stole)

Sandy Spring. Maryland

220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 10/2/57 Arlington National Cem Arlington Virginia

23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Silver Spring

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PERFORMED? YES TI NO DE

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 9735 Reg. Dist. No. 2 / 4 2. USUAL RESIDENCE (Where deceased hved. If institution: Residence before admission) b. COUNTY 1. PLACE OF DEATH o. COUNTA MARYLAND On COMET b. CITY OR TOWN If outside corporate limits, write c. LENGTH OF STAY IN 16 (if butside carporate limits, write RURAL and give nearest lown) RURAL and give nearest town) NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 115 320 YES NO 3. NAME OF Middle DATE Month Year OF DEATH DECEASED Sept (Type or print) D1111 2 110 m DSOX 19 5 5 SEX. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost bythday) DIVORCED [May 11. 1871 WIDOWED | P1712 Ido. USUAL OCCUPATION (Give kind of work done IDb. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Baltimore, oMaryland U.S.A. Retired Never employed 13. FATHER'S NAME Annie Ritter Samuel I. Thompson IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO 17. INFORMANT Address Dr. Custis Jr. 1852 Columbia Rd. N.W. Wash. D.C. No none 18. CAUSE OF DEATH [Enter only one cause per ling-for (a), (b), and (c).] INTERVAL BETWEEN ONSEY AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) **DUE TO** Conditions, if any, which) gove rise to immediate **DUE TO** couse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE REMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year (County) (State) foctory, street, office bldg., etc.) o. n. While Not while of work at work. 21. I certify that Lattended the deceased from fram the causes and an the date stated above. alive an and that death accurred at ADDRESS (Street, city or **ACTUAL** PHYSICIAN'S Horace H. Custis, Jr., 1852 Columbia Rd. N.W., Washington, D.C. 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Mount Olivet Cemetery Frederick, Maryland 0 23. FUNERAL MIRECTOR'S-SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a REC'D BY REGISTRAR 1201

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BUREAU V. 8.

9736 CERTIFICATE OF DEATH Reg. Dist. No. 2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) PLACE OF DEATH a STATE Virginia COUNTY b. COUNTY Fairfax Montgomery MATYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) Fort Belvoir Bethesda lu. Maryland 21 days d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d STREET ADDRESS . IS RESIDENCE ON A FARM? 927A The Clinical Center, Bethesda 14, Md. YES NO THE NAME OF Middle 4. DATE Lost Month DECEASED Tiller DEATH 1957 (Type or print) September 13, Winifred Gav IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Female White Hours WIDOWED [7] DIVORCED [August 12, 1956 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? U.S.A. None Virginia Minor Child 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Theda Collins Billie H. 15. WAS DECEASED EVER IN U. 5. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT The Medical Record Address The Clinical Center, Bethesda 14, Maryland None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c) INTERVAL BETWEEN ONSET AND DEATH PART 1 DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO y lous AsciTes Amo DIARRIFEA Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PAIR II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW #NJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20! (City or town) (County) (State) factory, street, office bldg., etc.) Hour o.m. While Nat while of work of wark 21. I certify that I attended the deceased from August 23. , 1957, to Sept ember 139 57, that I last saw the deceased September , and that death accurred at 4:08 AM, from the causes and an the date stated above alive on ADDRESS (Street, city or town, state) ACTUAL The Clinical Center National Institutes of Health PHYSICIAN'S Nelson G. Richards, M. D. Bethesda lu. Maryland NAME (Type) FUN 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) RGINIA V5 A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. E.

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MARYLAND	STATE DEPARTMENT	OF HEALTH-	-BALTIMORE,	18	0975
9737	CERTIFICATE				0016

	Keg, Dist.	No.
1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence Naryland b. COUNTY Ontgo:	before admission)
b. CITY OF TOWN (III outside corporate limits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	e negrest town)
RURAL and give nearest lawn)	Rural-Silver Spring	
Silver Spring - Kural d. NAME OF HOSPITAL (If not in hospital, give street oddress)		la Decimente
OR INSTITUTION	d STREET ADDRESS	e. IS RESIDENCE ON A FARM?
RFD# 1	RFD # 1	YES NO 10
3 NAME OF PICAT TOTTON	Lost 4. DATE Month	Day Year
(Type or print) MARION DURY	WATSON DEATH Sept. 8,	19 57
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1"	YEAR IF UNDER 24 HRS
Y	Sept. 4.1864 lost birthdoy) Months D	ays Haurs Min.
100 USHAL OCCUPATION (Give had of work densi 10h KIND OF BUSINESS OF INDI-		EN OF WHAT COUNTRY
None Artist Self Emp.	Ireland US	or what couldn't
	05	
13 FATHER'S NAME	14 MOTHER'S MAIDEN NAME	
William Watson	Elizabeth McDowell	
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 If the or or unabnown) 1. (If the order of service)	NFORMANT Address	
	at O'Neil-Item # 2	
IB. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]		INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	_ /	ONSET AND DEATH
290% IMMEDIATE CAUSE (6) CENTRAL F.	echina	13 Mm
DUE TO		15
Conditions, if any, which gove rise to immediate	mombras	13 min
couse (a), stating the under-	1 1 .	201
lying couse lost. (c) Chillrd C	Alreosclerons	may
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 7. J. L. J. J. L. J. L. J. L. J. L. J. L. J.	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	(a) 19. WAS AUTOPSY PERFORMED?
3 n. of lett lane		YES NO 2
20g. ACCIDENT WAS UNDERLYING 20b/DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I ar Part II of item 18.)	
OR CONTRIBUTING D CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PL	ACE OF INJURY (Home, form, 20f (City or town) (Con	(Slote)
Haur a.m. White Not white fo	ctory, street, office bldg , etc.)	. (31014)
p. m. 19 et work at work		
21. I certify that I attended the deceased fram. 2/	13/, 1956, to 9/87, 1957, that I la	st saw the deceased
alive an 9/67, 19 57, and that death	accurred at 11:00 A.M., from the causes and an the	date stated above
41100	APDRESS (Street, city or town, state)	DATE SIGNED
SIGNATURE STATEMENT OF THE PARTY OF THE PART	Mahilli hel	9/9/5-
SIGNATURE	m.v	k-f-k-fkf
PHYSICIAN'S Stephen N. Jones		•
220 BURIAL, CREMATION, 276 DATE THEREOF 22C. NAME OF CEMETERY O	R CREMATORY 22d LOCATION (City, town, or county)	(0
REMOVAL (Specify)		(Stote)
Cremation 9/9/57 Cedar Hil	Suitland Md.	A TANK
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	CACHERO BY REGISTING TO DESTRAR'S SIGN	ATURE DAY
Robert A. Pumphrey-Bethesda, Md.	white I I hance	Holler.
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BUREAU V. R.



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*			96	22	CERTIFIC	ATE O	F DEATI	Н		Reg. Dis	ii. No.	174	81.3
BAT .		LOUNTY MO	NTGOMERY		MARYLAND	2 USUAL o. STAT	RESIDENCE (WI		ved. If institution b. COUNTY			• odmissi MERY	on)
_		RURAL and give P	If outside corporate limit earest town) T.T.T.R.		ngth of stay in 15 ince 1948	c. CITY		outside corporate	e limits, write RL	JRAL and g	give neg	rest town)	
		d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, of Montgomery	ive street addres	s)	1 /	EET ADDRESS	gomery A	Avenue			IS RESI ON A YES	FARM?
		NAME OF DECEASED (Type or print)	Fin Hi31 A	ıt	Middle TALBOTT		Lost ELSH	4. DATE OF DEATH	Mont SEPTE		30		ear 9 57
1	5. :		6. COLOR OR RACE		NEVER MARRIED DIVORCED	B. DATE OF		_	AGE (In years last birthday)	IF UNDER	-		
)1	100	. USUAL OCCUPATE during most of wor Home Make	ON (Give kind of work of king life, even if retired)	lone 10b. KIND		STRY 11. BII					IZEN O	F WHAT	COUNTRY?
	13.	FATHER'S NAME					HER'S MAIDEN I		· · · · · · · · · · · · · · · · · · ·				
V	15. Ye		ce Talbott ER IN U. S. ARMED FORE If you give wor or doles of in	HLAICO)		INFORMANT			Addre 301 ₩.		- Omo	rose illa	170
		18. CAUSE OF DE	ATH [Enter only one con ATH WAS CAUSED BY- IMMEDIATE CAUSE (o)	use per line for	(o), (b), and (c).)	amp		ien	Rockvil		COINTE		WEEN
		Conditions, if a gove rise to coste (a), stating lying couse last.	immediate (b)	acin	ecrona .	Ty 2	Krom	boxis	<u> </u>		2	1/2 ,	minely
*	ATION	PART II. OT	HER SIGNIFICANT CON	DITIONS CONTR	BUTING TO DEATH BU	T NOT RELAT	ED TO THE TERM	INAL DISEASE C	ONDITION GIVE	EN IN PART	7 1(o) 1'	PERFOR	MED?
	CERTIFIC	20s ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)			HOW INJURY OCCURR	ED. (Enter not	ture of injury in	Part I or Part II	of item 18.)			740 🚨	но цр
	MEDICAL	20c. TIME OF INJU Hour e.m. p. m.	RY Month, Dox, Yeo		Not while	LACE OF INJ actory, street,	URY (Home, form office bldg., etc	n, 20f. (City or	lown)	(0	County)		(State)
,		21. I certify to alive an ACTUAL SIGNATURE	hat Lattended the	deceased from	om July 1	5 , 19 h accurred	dot IP	M, from t	the causes at the cause at	nd an th		e state	
	220	BURIAL CREMATIC	ON 226. DATE THEREO		NAME OF CEMETERY			22d. LOCATIO	N (City, town, o	r county)	<i></i>	(Stote)
		BURTAL Specify	1 10/3/57	R	ockville Ce	metery		Montg	omery Co	ounty			
1.	Ü	1	Rumphu	ey's	Silver Spi	ing, l	Ad. DATE T	d 19		evrel	2/2	Luy	Lux

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	974	CERTIF	ICATE OF DEAT	H	19743 Reg. Dist. No. 2/6
	PLACE OF DEATH p. COUNTY	······································		here deceased lived. If insti- b, COUN	tution: Residence before admission)
	Montgomery	MARYL	Maryland		Montgomery
	b. CITY OR TOWN (If outside corporate li RURAL and give nearest town)	mits, write c. LENGTH OF STAY II	1 1b c. CITY OR TOWN (IF	outside corporate limits, writ	e RURAL and give nearest fown)
_	Bethesda		Bethesda	2	
20	d. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION	, give street oddress)	d. STREET ADDRESS	1	e. IS RESIDENCE ON A FARME
	7945 Old George	town Road	7945 Old C	leorgetown	Road YES NO
3.	DECEASED	First Middle	lost	Ar Ar	Aonth Day Year
_	(Type or print) KAT		WHEELER	DEATH S	eft 20 195
S	SEX 6. COLOR OR RAC	E 7. MARRIED NEVER MARRIET		9 AGE (in year	Months Octable Hours Min
	Female White	WIDOWED DIVORCED	/ - / - / - · / ·		77 Months Dayed Hours Min
~ \ H	JSUAL OCCUPATION (Give kind of wor during most of working life, even if retire	k done 10b. KIND OF BUSINESS OR	INDUSTRY 11. BIRTHPLACE (Stote	or foreign country)	12 CITIZEN OF WHAT COUN
r/\L	Housewife	Own Home	Wirgini	ia	USA .
	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
-/	Alexandria	Brooks	Lucy	Brooks	
7	WAS DECEASED EVER IN U. S. ARMED FO	ORCES? 16. SOCIAL SECURITY NO	17. INFORMANT		ddress
~ '	(If yes, give wer or dates a	None	Mrs. Baxter	same_as	Item # 2d
	18. CAUSE OF DEATH [Enter only one		LIU SALUBAUEI	Senite ets	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE		Thrombo	5/5	ONSET AND DEATH
	IMMEDIATE CAUSE				5 /4111/
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	gove rise to immediate	to.			7000
	cosse (o), stating the under-	Huperten	sive Cardio	Vascular	Disease 1041
3					GIVEN IN PART 1(0) 19 WAS AUTOP
NOTA	Har Cerebera	A material		,	PERFORMED?
	20g ACCIDENT WAS UNDERLYING []	20b. DESCRIBE HOW INJURY OF	TURRED (Enter noture of injury in	Port I or Port II of item 18.1	I I I NO
Ferrare	OR CONTRIBUTING CAUSE OF DEATH	Hi	- (700	
	20c. TIME OF INJURY Month, Day, 1		Oe. PLACE OF INJURY (Home, farr	m, 20f. (City or lown)	(County) (Sto
WEDIC AL	Hour a.m.	While Not while	factory, street, office bldg., ele	c.)	(500117) (510
2	p. m.	of work [] of work []	A		- 7
	21. I certify that I attended th	ne deceased fram	409 , 19.57, to	10 JeP 195	Zthat I last saw the dece
	alive on 1538PT	, 19.5.7, and that a	leath occurred at 10		s and an the date stated ab
	00	. D 00		ADDRESS (Street, city or tow	vn, stote) DATE SIC
. 1	SIGNATURE Sonn -	2.1244	M.D. 7936	Georgeton	n Rd 2084
		** 3.3	Bit	resda 14	Md.
	PHYSICIAN'S NAME (Type) John G.	Ball			7-14
29	NAME (Type) John G.			22d. LOCATION (City, town	n, or county) (State)
	NAME (Type) John G.	EOF 22c. NAME OF CEMET		22d. LOCATION (City, town	(3,5,5)
- 3	NAME (Type) John G., BURIAL GREMATION, 22b. DATE THER LREMOVALUSpecify)	EOF 22c. NAME OF CEMET	ERY OR CREMATORY	Spotsylv.	n, or county) (State) ania County V: GISTRAR'S SIGNATURE



BUREAU V. S.

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4 .0.5			974	1	CERTI	FICA	TE OF DE	ATH			Reg. Dist. No	211	le le
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deoth.	l RURAL o	and give n	If autide carporate limi earest (own) 4, Maryland		75 days	IN 1b	c. CITY OR TOW	/N (If out		te limits, write RU	IRAL and give nea	irest town]	
the fu	d. NAME	OF HOSPI	TAL (If not in hospital, g	ive street ad	dress)	,	d. STREET ADDR	. 40				e IS RESI ON A	DENCE FARM?
bug phu	The Cl	TEL C			sda 14, Mo	1.	Rou	- 11	1			YES X	
n 24 h	DECEASED (Type or p		Lula	AT	Middle Belle		Whetzel		OF DEATH	Septem			eor 957
withi	5. SEX Femal	P	6. COLOR OR RACE White	7. MARRIE		_	March 2,	3008	9	lost birthday)	Manths Days	Hours	R 24 HRS Min
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ificat hysici nave nours	15. WAS DEC	EASED EVI	ER IN U. S. ARMED FOR	CES? 16. SC	CIAL SECURITY NO	. 17. IN	Alice			econd Addre	285		
ng p 72 h	NO NO	wn]	(If yes, give wor or dotes of so	1 4 4	one		e Clinical					ylan	d
that the deat by the attend t. Then pleat y event within	17	ART I. DE/	ATH [Enter only one con ATH WAS CAUSED BY: IMMEDIATE CAUSE (on DUE TO any, which)	<u>u</u>	for (a), (b), and (c). Nemia	1 ~ /2	+ +.	in a	· (: 1)	1	INTI	RVAL BET ET AND	WEEN DEATH
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shysical physical phy	CATIO	מות ווי סוו	HER SIGNIFICANT CON	onions co	A CL.	ATH BUT	NOT RELATED TO THE	TERMINA	AL DISEASE (CONDITION GIVE	N IN PART 1(a) 1	PERFOR	MED?
IAM: The ending process ficate he buring the buring or removed.	20a. ACC OR CONT (IF EITHE	IDENT W.	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	IBE HOW INJURY O	CCURRED	. (Enter nature of inju	ury in Par	t I or Part I	af ilem 18.)		11.00	NO []
PHYSIC tol or off this certi r use os remotion	20c. TIME	OF INJUI ir a ja, p. m.	RY Manth, Day, Yea	While at work [URY OCCURRED Not while at wark	20e. PLA foci	CE OF INJURY (Hame ary, street, office bld	e, farm, g., etc.)	20f. (City o	r tawn)	(County)		(State)
ATTENDING by the hospit CTOR: After e detached for r to burial, cr		n Sep	tember 2	deceased 19.53		19 death	occurred atail	15 A.	M, from DRESS (Sire	et, city or tawn, s	nd on the da		
Paran Ox Perained District Prior	PHYSICIA NAME (T	N'S	POBERT	B,	Couc	<u>/+</u>	Nations Bethese	al Ir		tes of H	lealth	10	12. 1
moy by Fundoge 3	REACYA	CREMATIC LASATIFY	9/5/57		22c. NAME OF CEMI Jenkins		crematory Del Cem		Math:	ias, W.	va.	(State)	1
VS A15 (4) 15M 9/55	23. FUNERAL Robe		s signature L. Pumphre	v 7	ADDRESS 557 Wisc		240	. REC'D (Y REGISTRA		RAR'S SIGNATUR	ruk	ADL

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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(If outside corporate limit pearest town)	ls, write	c. LENGTH OF STAY	IN 16	15	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
(Rural)		15 days		T.	Vashir	ngton		*					
PITAL (If not in hospital, g L Hospital,		•			d STREET ADDRESS 1005 County Road, S.E. on A FA yes N								
fur		Middle		Losi		4. DATE	Mon	th	Doy	eor			
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		IED NEVER MARRIE		B. DATE OF BIRTH		1	9. AGE (In years	IF UNDER	de releven	,			
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ION (Give kind of work orking life, even if retired	done 10b.				ACE (Stote			12. CI		F WHAT	COUNTRY?		
	44.			14. MOTHER'S		IAME			****				
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VER IN U. 5. ARMED FOR	ervice!	social security no. aknown		nformant fficial I	Navy 1	Record	Add	ress					
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JRY Month, Day, Yes	ar 20d II While of wor	Not while of work		ACE OF INJURY () ctory, street, office			or lown)	(County)		(Stote)		
that I attended the Sept.	deceas						n the causes o						
		. 1					treet, city or lown,				TE SIGNED		
obert y.	Early	raith f.		MD. U.S.	Naval	Hosp	ital, Bet	hesd	a, Mo	1.9-	13-57		
obert G. Gal	brait	h, Jr.LT,M	iC,U	SN U.S.	Naval	Hosp	ital, Bet	hesda	a, M	d.			
10N, 226. DATE THEREC	OF CO	22c NAME OF CEME Cedar Hil					TION (City fown thington,			(Stote)		
AS ACNATURE DE	200	ADDRESS			24n PEC'I		TRAR ZAS PEGI			E)	,		
517 11th St	S.E	. Washingt	on,	D. C.		2-12-5		res &	Z. E	ran	rel		

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CERTIFICATE OF DEATH

Reg. Dist. No.

10974

						Keg. Dist	. IVO.	3/6			
1. PLACE OF DEATH o. COUNTY Montgomery	MAI	RYLAND	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE New Mexico b. COUNTY								
b. CITY OR TOWN (If outside corporate fin RURAL and give nearest lawn) Bethesda	nih, write c. LENGTH OF STA		c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Albuquerque								
d. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION The Clinical Center,	give street oddress) Bethesda 14, N	Md.	d. STREET ADDRESS 318 Mulberry, S. E. o. IS RESIDENCE ON A FARM YES NO [
3. NAME OF DECEASED (Type or print) ISS	bel Bess		Yoder	4. DATE OF DEATH	Septemb		12,	Year 19 57			
5. SEX 6. COLOR OR RACE White		RIED 8.	DATE OF BIRTH July 17, 192	-	AGE (In years lost birthday) 28 yrs.		YEAR IF UN Days Hour	-			
190. USUAL OCCUPATION (Give kind of work during most of working life, even if retire Housewife	done 10b. KIND OF BUSINESS None	OR INDUST	RY 11. BIRTHPLACE (Stote of New Mex		ntry)		S.A.	AT COUNTRY			
13. FATHER'S NAME Raymond Olguin			14. MOTHER'S MAIDEN N. Ania Ch								
15. WAS DECEASED EVER IN U. S. ARMED FO (Yes, no. or unknown) (If yes, give war or dates of NO			ormantThe Medi				Maryla	and			
18. CAUSE OF DEATH [Enter only one of PART I. DEATH WAS CAUSED BY:	[RibracovM		re				ONSET AN				
Conditions, if any, which	o Post-operati	ve her	morrhage				48 1	nours			
gove rise to immediate cause (a), stating the underlying cause last.			, ventricular	and i	nteratri	al	Conge	enital			
PART 11. OTHER SIGNIFICANT COID 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CHIEF HOTIFY MEDICAL EXAMINER)	NDITIONS CONTRIBUTING TO D	DEATH BUT N	OT RELATED TO THE TERMIN	VAL DISEASE (CONDITION GIVE	EN IN PART	PERF	S AUTOPSY FORMED?			
	206. DESCRIBE HOW INJURY	OCCURRED.	(Enter nature of injury in P	ort I ar Part II	of item 18.)						
20c. TIME OF INJURY Month, Day, You Hour e.m. 19	ear 20d. INJURY OCCURRED While Not while at work		E OF INJURY (Home, farm, iry, street, affice bldg., etc.)		r lawn)	(Co	ounty)	{State}			
21. I certify that I attended the alive an September 12, ACTUAL SIGNATURE James Q PHYSICIAN'S /S/ James A		at death o	occurred at 12:36	M, from DORESS (Sine al Cen Institu	the causes a et. city at lown, i ter tes of I	nd on the	e date sta	e decease pled abave DATE SIGNE 9/12/5'			
220. BURIAL, CREMATION, 22b. DATE THERE REMOVAL (Specify). Bur-Iransit 9/12/9		METERY OR			ON (City, town, o		**	tote)			
23. FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphres	ADDRESS			BY REGISTRA	R 24b. REGIS	TRAPUS SIGN					

y the funeral director, ad 2 should be filed with urs after death. Page ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 DRECTOR: After this certificate has been signed by the attending physician and completely filled be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I prior to burial, crematian, ar remaval, and in any event within 72 hours after death. page 3 should be detached for use as the burial-transit permit, the registrar prior to burial, cremation, ar remayal, and in any by the haspital ar attending physician. TO HOSPIX

> VS A15 (4) TSM 9/SS

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BUREAU V. 2

HIARD TO STADRINGS OF DE DEATH

OCT 8 1957

BECENTED